Let's Talk About Aging

AGING WELL IN ALBERTA

Report by the Chief Medical Officer of Health

Alberta Government

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Message from the Chief Medical Officer of Health

This is our second major report to Albertans. The first, *"Let's Talk About the Early Years"*, focused on the front end of the aging continuum – invaluable because we are learning so much about brain development and healthy childhood development overall, and it is so important to get it right.

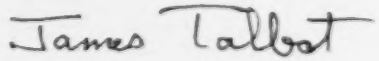
That we age well – at any age – matters. As individuals, families and communities, we all have a role to play either in the personal choices we make, or in building the kinds of communities that can support us in this journey from childhood through adulthood to our older age.

And what does it mean to age well? We view it as a process and an attitude that is influenced by a lifetime of experiences, choices and actions. For example, we know that early childhood development is intimately connected to how we age. Good nutrition, regular activity and other healthy practices, at any age, are important to how long and how well we live. The relationships and connections we form throughout our life follow us into our older adulthood and bring support and meaning.

With this report, *"Let's Talk About Aging"*, we want to shine a light on how diverse the experiences of aging are in Alberta and we want to change the way each of us thinks and feels about aging. We also want to challenge perceptions of what it means to grow older, recognizing that no matter where we are on our life journey, we are all aging.

As in the rest of Canada, older Albertans are the fastest growing age group in the province. Most of us will live longer and enjoy good health well past the age of 65; in fact, many older Albertans now span more than two generations, from 65 to more than 100 years. But Alberta's older adults bring much more than years to our communities; they bring a diversity of experience, knowledge and other resources that add to the strength and vibrancy of our province.

There is no doubt that Alberta's growing older population is a reality that will have profound and lasting economic and social implications, leading to challenges across a wide range of sectors. But the opposite is also true. There are tremendous opportunities because our communities will be gifted with an abundance of individuals who have a lifetime of experiences and observations to share. As individuals, communities and a province, it will be important to ensure that we benefit from this unique and growing resource – our older citizens.



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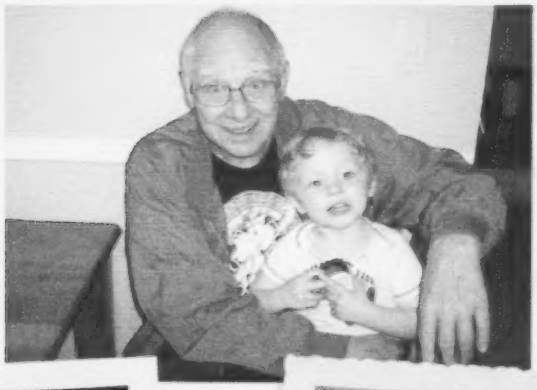

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CHAPTER 1:

The Journey

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The Journey

"Life is a journey, not a destination."

Ralph Waldo Emerson

Aging is part of a lifelong journey. The path we take from childhood to older adulthood can take many turns. It is measured by changes that each of us will navigate in our own way. We start school, we graduate, we enter the workforce, we retire. Many of us find partners, have children and form families, while others discover meaning in other life choices. One day, we find ourselves looking back on a lifetime of memories, and yet, still looking forward to new experiences.

How old is older?

The year 2011 saw the first of the "Baby Boomer" generation – those born between 1946 and 1964 – turn 65 and join the ranks of some 400,000 other older Albertans. It is difficult to create a comprehensive portrait that can illustrate the wide diversity of Alberta's older adult population, and because of this, there is no longer a single word or phrase to describe this demographic of people. Age 65, which used to mark the transition from work to retirement, is no longer adequate as people retire earlier, later or never. Second or "encore" careers are becoming more commonplace and many older adults say they are busier than ever with family, paid work, volunteer and leisure activities. Rather, Alberta's population of older adults is a diverse group whose lives have been shaped by their many experiences and differing life circumstances.

These Albertans now span more than two generations and range in age from 65 to more than 100 years. As in the rest of Canada, older Albertans are the fastest growing age group in the province. In fact, it is projected that by 2027, there could be more Albertans who are over age 65 than there are children under the age of 15. Within another decade it is likely one in five Albertans will be 65 years of age or older – all with varying skills, abilities, support systems, living arrangements, levels of education, health and personal wealth. Aging well takes on a whole new meaning and is more important than ever before.

What does it mean to "age well"?

Our ideas about aging are changing. At one time, aging was associated with *retiring from* something – from work, from day-to-day parenting or from active engagement in society. As people began to live longer and healthier lives, our perspective of aging changed, and so did the words we used to talk about it. In recent times, both scholars and popular writers have used words like productive, optimal, successful, active and healthy to describe the process of aging well. These words are more than editorial preferences. Rather, they reflect the underlying assumptions and thinking of a particular time and place.

Today, we are more likely to think about aging as *moving towards* something – more leisure, more time with friends and family, and more time for individual interests and pursuits. Most older adults refuse to be defined by age, convention or social expectations. Instead, they define *aging well* according to their own beliefs, values and perceptions. People are aging "healthy" because of investments they and our society have made. We, as a society, not only recognize the contributions they have made, but also those they will continue to make to our communities and our province.

Who are Alberta's older adults?
They are workers, business owners, professionals and community volunteers. They are parents, grandparents and great-grandparents. Many are still "children" themselves with their own aging parents. They are taxpayers and voters. They are consumers with power and influence. They are our path-breakers, wisdom-holders, and mentors. They are our elders and a vital part of *us*.

I can continue to do things. I can do what I like to do, what I want to do. I can still take care of things. So in that respect I'm aging well. - Norm

The Privilege of Aging

As an Aboriginal person in Alberta, I thought I was used to seeing people who were disadvantaged. But on a recent trip to Zimbabwe with my husband, I realized that I had not truly experienced the impact years of disease and death can have on communities.

I thought I was prepared. I had done a lot of research on Zimbabwe. I knew that the average life expectancy was about 43 years of age. I knew that 20 per cent of children under the age of five years were still dying of HIV-AIDS. I also knew that 40 per cent of the population was under the age of 15 years. But to see and connect with those who were directly affected by these numbers was a different matter; to talk to pastors who continued to do 300 plus funerals per year; to see many "blended families" due to death of parents and siblings. All of this was very sobering.

For Aboriginal people, our elders are considered to be knowledge keepers, those who are wise, those who ensure that our culture and languages are preserved, and those whom we turn to in times of crisis and concern. To see communities without their elders was very sad for me. Not only was the country ravaged by disease and all the side effects that come with it, but there were very few older people left who could remind others about how it used to be – about a time when the country was healthier, families were strong, their home languages were spoken and their culture was celebrated.

I came home very thankful that I have the opportunity to age well. I have the privilege of growing old and the opportunity to spend time with my grandchildren. To dream with them, to make plans with them about their future, to enjoy them.

Carol, 50-ish

Valuing aging

In contrast to the mainstream culture in Alberta, other cultural groups often have a different view of aging. In Aboriginal cultures, for example, elders are respected and honoured in their communities as spiritual and life guides for their people. While "elder" is used to describe a role more than an age, the implication is that life experience is valued as community wisdom. In many immigrant cultures, both out of necessity and cultural practice, multi-generational homes are common. Children, youth and young adults see what it means to grow older.

As our population ages, we need to value our own aging and view our older adult population as a unique resource. What can we learn from other cultures and the way they understand and honour older adults? What will it mean to Alberta to have the perspective of a growing number of people who have seen 75, 90 or over 100 years of life? What opportunities will this new reality bring to our province? How can we more readily engage them in the future of Alberta?

In this report, we use the term *aging well* to refer to an ongoing and open-ended process that includes the actions we take, as individuals and society as a whole, to maintain or enhance our health, personal autonomy and quality of life as we grow older. Aging well is influenced by our own resources, including health, finances and social connections, and by the personal meaning we give to older age.

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As I begin to age and realize I can do less or have to do things differently, I'll embrace that change. I want to enjoy life every day, live life with a minimal amount of stress or worry, not worry or stress about the little things.
Marlene

Why all this matters to Alberta and Albertans

The path we take from childhood to adulthood is shaped by the powerful connection between our individual lives and our life circumstances. It is a process intricately interwoven with all that has come before – our relationships, our choices, our communities – and all that we want to come after. The choices and decisions we have made throughout the course of our lives will have implications for our health and welfare in older age. So will the choices and decisions we continue to make.

Social and medical advances have made it possible for older adults to live longer, healthier and more active lives than ever before. The incredible increase in life expectancy that we've witnessed over the past century has gifted our communities with an abundance of individuals who have a lifetime of experiences and observations to share. As individuals, communities and a province, it will be important to ensure that we benefit from this unique and growing resource.

The demographic change linked with a growing older population is a reality that will have profound and lasting economic and social implications for our province, leading to opportunities and challenges across a wide range of sectors. Responding to these opportunities and challenges will necessitate the involvement of a variety of partners responsible for things such as transportation, housing, health, community services, public safety and others. Creating true age-friendly communities that make it possible for each of us to find our best fit between our resources, personal preferences and where we live – whether in large cities, small towns or rural areas – will require action on the part of all of us, as individuals, families, communities, private, and non-profit sectors, and governments.

Let's Talk!

The public conversation about our aging population commonly categorizes this age group as a single homogeneous entity – "seniors" – often reinforcing the stereotype of people who are poor, frail and withdrawn from active participation in the public realm. While this image is true for some older adults, especially those who have experienced difficult life circumstances, what is striking is how rich the picture really is.

With this report, *"Let's Talk About Aging"*, we want to shine a light on the diverse experiences of aging in Alberta and we want to change the way each of us thinks and feels about aging. We also want to challenge perceptions of what it means to grow older, recognizing that no matter where we are on our life journey, we are all aging.

Lastly we want all of us to take action to age well and to work with others to create communities that support, value and celebrate healthy aging. It is our hope the report will act as a catalyst for conversations around the province. We want you to talk about aging, to share your hopes and fears, and to learn from each other. Let the conversation begin!

The public conversation about our aging population commonly categorizes this age group as a single homogeneous entity – "seniors" – often reinforcing the stereotype of people who are poor, frail and withdrawn from active participation in the public realm.

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Aging well to me means that you are enjoying the best possible quality of life that you can. That you stay relevant day by day and just live life, appreciating day by day. Not always looking forward 10 years or 20 years but, rather, taking time to enjoy people, experiences and places.
Carrielynn

How to Use this Report

1. THINK about it.

As you read through this report, take time to reflect on how you feel about your own aging. How you think and feel about the older adults you encounter in your daily life. Here are some questions to get you started:

- What do I think about aging and older adulthood?
- What assumptions have I made about older Albertans?
- Do I value the older adults in my life? Do I feel valued as an older adult?
- What actions can I take now to age well?
- What can I and/or my community do to help others age well, especially those who are more vulnerable?
- What do I need from my community to age well? What would be my "best fit?"
- Where should the Government of Alberta focus its efforts to support healthy aging?

2. TALK about it.

- Share this report with others and then talk about it. Use the questions above – or come up with your own – to start the discussion.
- Send a letter to a newspaper or other media to correct a misrepresentation or applaud a positive portrayal of aging.
- Start an online discussion or get involved in an existing online discussion.

3. DO something about it.

- Consider who and how you might bring people together. Are you an older adult or caregiver of an older adult? Are you a business owner or manager? Do you belong to an organization or professional association with an interest in older adults? Are you an elected official or do you work for an order of government?
- Brainstorm ways that your group can promote and support aging well in Alberta.
- Decide on one or more specific actions and commit time, resources or whatever is necessary to make it happen.
- Fight back against ageism. When people make demeaning or discriminatory comments about older adults, use it as an opportunity to educate and gently correct false information.
- Tell other people what you're doing.

4. LISTEN to and learn from Alberta's older adults.

- Hundreds of communities in Alberta – mostly rural areas and small towns – have published community history books that include stories about the people and families who lived in those communities. Many of these stories could spark some interesting conversations.
- Most older adults have a lifetime of stories to tell, but many of these stories never get told. Ask an older adult – a parent, a grandparent, a neighbour – about their life and experiences. You might be delighted by what you learn.

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CHAPTER 2:

Older Adults in Alberta

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Older Adults in Alberta

If you have ever visited an old growth forest, you will know something about the charm and beauty that comes with an age-diverse community. Trees of different ages, some a thousand years old, stand together and create canopies that nurture and protect new growth on the forest floor. The mixed age of the forest is essential to its health and stability. Most old growth forests are biologically diverse, providing a home to a rich variety of plants and animals. In the same way, our communities are strongest when people of all ages stand together.

Like an old growth forest, Alberta is home to people of many different ages. Most of us will live longer and enjoy good health well past the age of 65 and our communities will continue to be enriched by the mix of ages. But older adults bring much more than years to their communities; they bring a diversity of experience, knowledge and other resources that add to the strength and vibrancy of our province.

Most of us will live longer and enjoy good health well past the age of 65 and our communities will continue to be enriched by the mix of ages.

The "Truth" About Older Adults in Alberta

Older Albertans are a diverse group that have made, and continue to make, important contributions to our province. Take this quick quiz to test your knowledge and challenge your perceptions about older adults in Alberta.

1	Alberta has the youngest population among Canadian provinces (lowest average age).	True	False
2	Women make up 70 per cent of the population over age 85 in Alberta.	True	False
3	Our aging population is the primary driver behind increasing health-care costs.	True	False
4	90 per cent of older adults in Alberta live in their own homes.	True	False
5	5,825 Canadians were 100 years or older in the 2011 Census. Over 600 of this number were Albertans.	True	False
6	Almost 15 per cent of Albertans over age 65 are employed.	True	False
7	More than 30 per cent of older Albertans have a first language that is neither English nor French.	True	False
8	More than 55 per cent of most older adults' income comes from private pensions.	True	False
9	At least 40 per cent of Alberta's current workforce expects to work after age 65.	True	False
10	The average (pretax) household income of adults, 65 years and over, is less than $60,000 per year.	True	False
11	Less than 40 per cent of older adults in Alberta have pursued education beyond high school.	True	False
12	More than 40 per cent of older Albertans volunteer in their communities.	True	False
13	Older adults who are actively engaged in volunteer activities contribute, on average, 250 hours per year.	True	False
14	More than 80 per cent of older Albertans donate to charity.	True	False

Answers: 1-True, 2-True, 3-False, 4-True, 5-True, 6-True, 7-True, 8-True, 9-True, 10- False, 11-False, 12-True, 13-True, 14-True

Is our aging population driving up health-care costs?

While most of us celebrate increasing life expectancy as a sign of a healthy and vital population, some see the aging population as the primary driver behind increasing health-care costs. The Canadian Health Services Research Foundation (CHRSF) has investigated this concern – which it calls "Boomerangst" – and found it to be vastly overstated. It is true that older adults need more medical services than those who are younger, and it is true also that personal health-care costs are highest in our final year of life. CHRSF found, however, that health-care costs do not inflate at an uncontrollable rate just because there are more older adults.

Says CHRSF: "Some of the best research shows that, although health-care costs will begin to rise as baby-boomers age, the impact will be modest in comparison to that of other cost drivers, such as inflation and technological innovation. Economic models suggest that growth in health-care costs due to population aging will be about one per cent per year between 2010 and 2036."

For more information, visit: **www.chsrf.ca** and click on Publications and Resources and then "*Mythbusters*."

An aging, changing and diverse population

Alberta has the youngest population in Canada. In 2011, just over one in 10 of us was over the age of 65 compared to the Canadian average of one in seven. While we are likely to remain one of the youngest provinces in the foreseeable future, largely because of the high number of younger adults and their families coming to Alberta to find employment, the composition of Alberta's population is changing.

Older Albertans also contribute the most to the cultural diversity of the province. More older adults were born outside of Canada compared to the rest of the Alberta population. In 2006, more than one in four adults aged 65 and over was born outside Canada compared to one in six in the total population.

LIFE EXPECTANCY

During Alberta's first half century as a province, life expectancy increased dramatically, reflecting significant decreases in infectious diseases and improvements in maternal and child health. By mid-century, life expectancy was over 65 years for men and over 70 years for women. Life expectancy continues to rise, albeit at a slower rate – as of 2010, life expectancy in Alberta was 83.2 years for women and 78.8 years for men.

Women currently make up 55 per cent of the older adult population, and 70 per cent of those over the age of 85. This composition could change somewhat over time as the life expectancy gap between women and men continues to narrow.

Life expectancy in the Aboriginal population is increasing, also contributing to the changing face of our province. Aboriginal people make up almost six per cent of the population, but just two per cent of Alberta's older adults. Some of this difference is explained by the gap in life expectancy between Aboriginal people and other Canadians – about seven years for women and five years for men. This gap was almost halved between 1980 and 2001 and continues to narrow. By 2017, life expectancy for Aboriginal people is projected to be 83 years for women and 79 years for men.

I want to be able to spend lots of time with family. Helping my children raise their children. Being out in the larger community, being able to help wherever I can, whatever that may look like.
Tara

FAMILY STRUCTURE

Families headed by two married parents are still the most common family structure in Alberta, but other variations are becoming more common. These variations include married couples with or without children, common-law couples with or without children, lone parent families and singles – divorced, widowed or never married – living alone or in companionship with others. A growing number of married and common-law couple families with children are step-families, where one or both partners bring children into the relationship. Not surprisingly, the diversity we see in Alberta families carries into older adulthood.

Today, the majority of older adults (at least 75 per cent) enter older adulthood in a couple family. Most couples are married but at least six per cent are common-law relationships, a family type that is growing rapidly among divorced, older adults. Another 20 per cent of older adults are separated, divorced or widowed and the remainder has never been married.

Families headed by two married parents are still the most common family structure in Alberta, but other variations are becoming more common.

HOME AND COMMUNITY

At least 90 per cent of older adults in Alberta live in their own homes – some 71 per cent live in homes they own and 19 per cent live in rental accommodations. Another seven per cent live in provincial housing settings which includes seniors' lodges and cottages, and subsidized rental accommodations. Just three per cent of older adults live in long-term care facilities. The vast majority of older adult households are one family/one couple homes.

Most older Albertans live in urban areas*, with almost two-thirds living in or around either Edmonton or Calgary. Although just 20 per cent of older adults live in rural areas, they make up a higher proportion of the population in these communities. The reasons for this higher proportion include *out migration* of young adults to cities and larger towns to pursue education, career and other opportunities and *in migration* of older adults looking for a lower cost of living or a slower pace of life.

Among older Aboriginal adults, approximately equal numbers live in urban and rural areas. Immigrants, that is older adults not born in Canada, are twice as likely as those born in Canada to live in urban areas.

** Statistics Canada defines an urban area as having a population of 1,000 or more and a population density of at least 400 people per square kilometre. Rural areas include all territory lying outside urban areas.*

I work part-time and then the other part is spent helping my mother so that she can stay in her house.
Marlene

WORK AND RETIREMENT

Our aging population is already having an impact on Alberta's labour force. The number of "mature" workers – those over age 45 – doubled between 1999 and 2009, and currently accounts for almost 16 per cent of Alberta's total labour force. In 2010, some 56,500 older adults 65 years and over – or about 14 per cent – were employed. Men were more likely than women to be in the work force after age 65, with more than one in five men still working compared to one in 10 women.

Albertans on average remain in the workforce longer than in other provinces. In 2009, Alberta's average retirement age was 64 years compared to the national average of 61.9 years. According to a 2008 survey, our retirement age could rise even higher: over 40 per cent of currently working respondents told the Alberta Demographic Planning Commission they expect to work after age 65.

EDUCATION

The majority of older adults have completed high school and almost two in five have some kind of post-secondary qualifications. Those aged 65 to 69 years are almost twice as likely to have a university degree as are those in the oldest age category. As the baby boomers enter their later years, the education level of older adults in Alberta will continue to climb.

The increase in educational attainment of older adults is already paying dividends in two major areas: health and wealth. Higher education is strongly associated with self-reports of excellent or very good health in all age groups, including older adults. Higher levels of education generally mean higher paying jobs, which, in turn, mean higher retirement incomes.

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Something I'd like to do more as I grow older is volunteering – spending more time volunteering in the community. I'm kind of doing it now. I have a select number of charities I'm involved with and I like to share my skills. A lot of the volunteer work I do, I'm also learning new skills. And I've met some nice, interesting people along the way.

Marlene

HELPING OTHERS

Many older adults continue to assist family, friends and neighbours well into their later years. Studies of time use by older adults show that at least one in five older adults helps with child care and one in four provides assistance to someone other than a family member. Help to friends and neighbours may include caregiving, housework, home maintenance, outdoor work, and driving to appointments or shopping.

In addition to child care, older adults provide other supports to their adult children, such as cleaning and cooking. The unpaid support provided by older adults enables family members, often women, and in particular lone parents, to work outside the home. For those older adults who live with their adult children, sharing living expenses enables them to stretch financial resources. This type of mutual support also benefits Alberta taxpayers by helping to reduce costs for health care and social services, while increasing the availability of skilled workers.

RELIGIOUS ENGAGEMENT AND SPIRITUALITY

Many older adults in Alberta today say they find meaning in their religious or spiritual beliefs. Religious beliefs can help us understand difficulties and find the strength to cope with challenges. Involvement in religious activities can also provide opportunities to continue to serve our communities as we age. Older adults are much more likely than Albertans in general to report a religious affiliation (24 per cent compared to 12 per cent).

Religious beliefs can help us understand difficulties and find the strength to cope with challenges.

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COMMUNITY INVOLVEMENT

At least 40 per cent of older adults, especially those aged 65 to 74, are actively engaged in volunteer activities and contribute some 250 hours of volunteer work each year – about 100 hours more than that contributed by younger adults.

The volunteer pursuits of older adults are as diverse as older adults themselves. Many community and corporate boards benefit from the valuable knowledge and skills of older adults. Community events and organizations depend on older adults to fill essential volunteer roles. Churches and other faith communities are well served by their older members. And older adults serve themselves as active volunteers in senior-serving organizations, programs and events for older adults.

CHARITABLE GIVING

Although rates of volunteering and helping others drop off after age 75, older adults continue to contribute to their communities, most notably through charitable donations. Older adults 65 years and older donate at about the same rate as other Albertans – 82.3 per cent of older adults give to charity compared to the provincial average of 83.7 per cent. However, older adults, on average, give more than people at younger ages. In 2010, older Albertans gave on average $819 compared to the provincial average of $562. Such contributions may be an important way that people maintain community connections, even in the face of declining health or mobility.

Get involved in a lot of things, I think that prepares you. Even like us, going to Tim Hortons every morning. People wonder what the heck we talk about every day. Of course, now it's gotten to the point where we forget we discussed it last week. You learn so much from other people, it's surprising the things people know and the things they're good at.
Norm

Respecting diversity and choice

No one image or idea captures what it is to be an older adult in Alberta. Today's older adults are living longer than at any time in history, have higher incomes and higher levels of education. Most live in their own homes in both urban and rural communities. At least one in four is born outside Canada and a growing number are Aboriginal. Older adults continue to give time and money to their communities as active volunteers and generous donors.

As in all age groups, there is diversity among older adults and one stereotype does not capture the variety of individuals that we call "older adults" or "seniors." While many older adults thrive on activity and community involvement, others prefer more quiet lifestyles and individual pursuits. While we must respect individual preferences and choices, at the same time, we must provide the programs and services that will support people's ability to have a choice. This is particularly important for those who may live with poor health, limited resources and other challenges.

Just as there is no single image of an older adult, there is no right way to age well. We each have different resources and different ideas about what this means. In the next two chapters, we focus on those things that help and those things that hinder our ability to age well.

For more information on Alberta's aging population, check these reports:

A Profile of Alberta Seniors, September 2010. Available at **www.health.alberta.ca**

A Portrait of Seniors in Canada, 2006. Available at **http://www.statcan.gc.ca/bsolc/olc-cel/olc-cel?catno=89-519-XWE&lang=eng**

Facts About Calgary Seniors, 2009. Available at **http://www.calgary.ca/CSPS/CNS/Pages/Seniors/Facts-About-Calgary-Seniors.aspx**

Edmonton Seniors: A Portrait, 2010. Available at **http://www.edmonton.ca/for_residents/programs/edmonton-seniors-a-portrait.aspx**

CHAPTER 3:

Aging Well – Things that Help

CHAPTER 3:

Aging Well – Things that Help

We frequently see news stories about people who have reached a milestone birthday like 90 or 100 years. Predictably, the reporter asks, "What is your secret for a long life?" The answers are as varied as the individuals themselves and often surprise us: "Never had a drop of alcohol!" "Drank a glass of gin a day." "Never smoked a day in my life." "Just quit smoking last year." "Was married 75 years to the same person." "Never been married." What these very different answers tell us is that there is no single "secret" to aging well.

Although we can be certain about the *fact* of aging, we are far less certain about *why*. Some theories suggest that aging results from the accumulation of damage to certain processes or body systems as we interact with our environment. Other theories suggest that aging is programmed or regulated by our genetic blueprint according to a fixed schedule. Most theories assume considerable overlap between all these entities.

While there is no scientific consensus on why we age, we do know that aging is a process of progressive change in an individual's biological, psychological and social structures*. For most of us the experience is, or will be, a compilation of the way we live, the choices we make and the support we have along the way.

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* World Health Organization, *Active Ageing: A Policy Framework*, Madrid, Spain, April 2002.

Things that help

Aging well requires a best fit between our personal resources and the environments in which we live. Social researchers identify five types of resources that can help us to age well: economic, mental and physical health, activities of daily living and social connections. In practice, however, most older adults point to just three things: health, wealth and meaningful connections with others.

HEALTH

Our understanding of health has changed over the last few decades. More than just the absence of illness or disability, we now understand that health is a resource that enables us to respond to the challenges and changes we meet along our life journey.

At every stage of life, our health is the outcome of complex interactions between social and economic factors, the physical environment and individual behaviours. Where we live and work, our leisure and recreational activities, whether we have the support of family, friends and our community, all have significant impact on how long we live and the quality of our lives. The more we shift our thinking to see health in this way, the more opportunities we have to improve it.

HEALTHY EATING AND PHYSICAL ACTIVITY

Good nutrition, regular activity and other healthy practices at any age, are important to how long and how well we live. Eating a healthy diet throughout our life is one of the single most important things we can do to maintain our health as we age. If we become less active as we age, we will require fewer calories but will need more nutrients, which is why food choices such as eating the recommended servings of fruit and vegetables become so important. Research has found that adults between 65 to 90 who eat at least five servings of fruit and vegetables a day are healthier than those who eat fewer than five servings. In Alberta, less

than half of older adults (about 45 per cent) eat at least five servings of fruit and vegetables every day – but more than half don't!

The high numbers of Albertans who are overweight and the growing rates of obesity point to the need to reduce our consumption of caloric-rich, nutrient-poor foods and to increase our activity levels. But an unhealthy weight can also mean being underweight. In both cases, we are not getting enough of the right nutrients.

The benefits of physical activity across the life course are well known. Like healthy eating, adopting the healthy habit of regular physical activity early in life will greatly increase the likelihood of good health later on. For older adults, the connection between good health and regular physical activity is particularly strong. The 2009 Canadian Community Health Survey showed that 67 per cent of older adults who were active at least three times a week were in better health compared to those who were less active. The benefits of participating in regular physical activity include improved emotional, social, cognitive and physical well-being, as well as increased protection against injuries and chronic diseases. To reap these benefits, the World Health Organization recommends that older adults engage in at least 150 minutes of moderate-intensity activity or 75 minutes of vigorous aerobic activity throughout the week. And note, just walking around the house is not considered an activity.

Exercise and the Aging Brain

Cognitive decline is a part of normal aging. Along with losing muscle tissue, joint flexibility and bone density, we lose brain volume as we get older. Evidence has been accumulating, however, that the best way to forestall or even reverse age-related mental decline is with a regular program of exercise.

Dr. Art Kramer, a neuroscientist and director of the Beckman Institute at the University of Illinois, says this is the first indication that aging is not a "one-way street" in which everything gets worse as we get older. His studies have shown that sedentary older adults who engage in regular aerobic exercise can improve their scores on cognitive function tests by 15-20 per cent.

Dr. Brian Christie, a neuroscientist in the Island Medical Program of the University of British Columbia and a professor at the University of Victoria, suggests that part of the reason mental abilities and fitness could be related is that the brain is a very demanding organ that requires vast amounts of oxygen and nutrients. Aging-related reductions in fitness could be depriving the brain of the resources it needs to perform well. There is also evidence that exercise can actually stimulate growth in the brain.

Dr. Laura Baker, a neuropsychologist with the Veterans Administration Healthcare System and the University of Washington in Seattle, says there are many streams of research being pursued to understand how exercise helps the brain. There is promising evidence that

exercise produces growth factors in the brain that preserve and protect neurons, and may in fact actually stimulate neural stem cells to produce new brain cells, restoring brain tissue that may have atrophied.

Dr. Jon Ratey, a psychiatrist from Harvard University, says this is likely because stem cells in the brain are stimulated to produce new neurons. The amount of exercise required seems to be reasonable. Most studies indicate that 40 minutes to an hour of moderately intense aerobic exercise – enough to make you sweat and breathe a little harder – three or four times a week, will help you reap the cognitive rewards.

From: *Quirks and Quarks*, CBC Radio's national weekly science program. Originally broadcast April 2, 2010.

To listen to the program, visit **http://www.cbc.ca/quirks/episode/2011/04/02/april-2-2011/**

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I think what helps you to age well is having a positive attitude. Always look at the positive in everything. I hear the elderly people complaining about "the kids nowadays". But there's always something good in everyone. Just take time to talk to them, to know them.
Madeline

AVOID UNHEALTHY BEHAVIOURS

Older adults are less likely than younger Albertans to smoke regularly. However, that number has been going up instead of down. In 2009, one in 10 older adults was a daily or occasional smoker; in 2011, an estimated one in seven older adults smoked. Older adults are also less likely to over consume alcohol than younger age groups. In 2009, an estimated three per cent of older adults in Alberta were heavy drinkers compared to 21 per cent of the general Alberta population. The most important thing to remember: no matter how old you are, you are never too old to drop a habit that might be harmful to your health.

TECHNOLOGIES THAT SUPPORT OLDER ADULTS AND THEIR CAREGIVERS

Human ingenuity is changing the experience of aging for Alberta's older adults. New products are being developed that support our need for safety, security and lifestyle choices. Remote monitoring technologies and home automation devices, in particular, will enable many of us to stay in our homes longer and maintain greater control over our own health.

Technical Support

For many of us, technology is something that moves faster than we do! Apps, tweets, blogs, texts – it can all be a little overwhelming. But technology also holds the promise of supporting greater safety, autonomy and personal choice, especially for those of us who want to stay in our own homes for as long as possible.

New technologies are bringing a range of supports that can help older adults manage personal risks, reduce social isolation and carry out the tasks of every day living. These technologies can also serve to bring peace of mind to families and caregivers, not to mention reduce demands on the health-care system. Here are just some examples of exciting technological innovations that are available now, or will soon be available, in Alberta.

Did you remember to take your medication? Most caregivers of older adults will tell you that this question starts or ends most conversations with their loved ones. Communication technology is helping to make this question unnecessary. Phone, email or text technologies can be used to send reminders when it's time to take medication. In turn, smart pill boxes can send email alerts to health professionals and caregivers when medication has been taken.

What if I (or you) fall? Communication technology is being developed and used to prevent falls or reduce their consequences among older adults, especially those who live alone. When a fall occurs, pressure sensitive mats, undergarments with pads and sensors, and wall sensors can send alerts. Two-way voice systems can then make it easy to check in and determine if help is needed.

I just need a little help at home. Most of us want to stay in our own homes as long as possible and technology is helping to make this possible. Stair lifts make it easier for older adults to move around their homes and help to reduce falls. Emerging automation technologies, including automatic ovens and appliances, automated faucets and voice activation, can support older adults with their activities of daily living.

Safe at home. For their own safety, people living with dementia are often placed in institutional care before they are ready to go. If they remain in their home, those who care for them are often afraid their loved one will wander outside and become disoriented or lost. Technologies such as global positioning system (GPS) locators and door alerts can help to improve safety and independence for people living with dementia, while giving peace of mind to their caregivers.

Wealth

Wealth, more than any other personal resource provides choice in where and how we will live in our later years. Having the financial resources we need to be secure and comfortable in older adulthood takes planning, discipline and sometimes the willingness to forego luxuries today to make sure we have the necessities tomorrow. Although most of us know we should plan, over 30 per cent of Albertans say they are counting on "winning the lottery" to pay for their retirement.* For the vast majority of us, wealth will not come in the form of a novelty cheque. Rather, we need to take responsibility for our own financial planning – and the sooner the better.

** See, for example, a poll conducted by Environics for TD Waterhouse in December 2010.*

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I think I give more thought to aging from a financial perspective than any other. But I'm in the thick of motherhood right now, watching my children grow. Life is really busy right now. Right now is a very "in the moment" and there's not much reflection on yesterday and tomorrow.
Tara

INCOME

Income is fundamental to meeting basic needs and is a good predictor of life satisfaction. Individuals who have more money simply have more choices over such things as where they live, the ability to buy healthy food, and the opportunities they can access.

Older adults in Alberta are more financially secure today than they have ever been. Between 1988 and 2008, the average pre-tax family income for adults 65 years and over increased from $46,100 to $68,500 (based on 2008 dollars), with more than two-thirds coming from private sources, including private pensions, employment income and investments.

Almost all older adults in Alberta receive some income from government transfer programs, including Old Age Security, Guaranteed Income Supplement and provincial benefit programs. These programs make up about 20 per cent of income for adults 65 years and over, with the Canada Pension Plan contributing another 15 per cent.

Although older adults have lower household incomes than middle-aged and working Albertans, this difference is generally offset by much lower household expenses. In 2008, the average annual household expenditures for older adults in Alberta were $44,927, compared to $95,636 for Albertans under age 65.

For more information on supports and services available to older adults through government and private providers, visit **www.health.alberta.ca** and click on *Alberta Supports*.

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We've gotten our affairs in order: personal directives, wills, powers of attorney, sold our house and came to this accessible, wonderful condo. No more yard work, no more snow shovelling. Can just come home and enjoy. My husband and I are both conscious of eating well, getting exercise. We're conscious of what we do have, of taking care of ourselves rather than letting ourselves go to seed.
Carrielynn

Housing and supports

Our housing needs change as we age. A bedroom in our parents' home may give way to a dorm room or a bachelor suite, which in turn gives way to the home we choose in middle-adulthood. As we approach our later years most of us want to stay in our own homes, but what we mean by "our own" can also shift as our needs and our resources change. Most of us will live in our own homes well into our 80s and would stay even longer if we had the proper support to do so. Sometimes the support we need is pretty simple. Consider that Alberta is a province with snow and ice for a large part of the year – having help to shovel our walks or driveway can determine whether we continue to stay in our home, or if we become obliged to move.

When we make the decision to move from our current home, most of us still want our "own front door" – that is, private space and the ability to live our lives the way we choose. There is a full spectrum of options to be considered. Downsizing to a smaller home, or moving to a community where there are more social supports and a network of friends and family are possible choices.

In Alberta there are a wide variety of public and private services available to older adults and their families to support home and community living. Many communities offer support services to older adults such as counseling, transportation and home maintenance. Services are often provided through senior-serving organizations. For example, the Neighbours Helping Neighbours initiative, funded by the Alberta government and located in Edmonton and Jasper, encourages volunteers to support older adults with everyday tasks and keep them connected to their communities. Meals-on-Wheels, a non-profit organization, provides home-delivered, low-cost meals to older adults, shut-ins and people with mental or physical disabilities in a number of Alberta communities.

Other public and private services that help older adults stay in their own homes include access to supports such as home health care, home support services, property tax deferral and products offered by financial institutions such as home equity loans.

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OTHER HOUSING OPTIONS

In Alberta, the continuing care system offers three main housing options or service streams that enable us to keep our own front door: home living (which has been mentioned), supportive living and facility living (see box). These options, when and where they are available, provide a continuum of housing for older adults.

In recent years, efforts have been made to increase the home-like qualities of continuing care facilities, particularly long-term care facilities. These efforts include improved design and esthetics for comfort and accessibility, a focus on person-centered care (including flexibility in care delivery and increased personal choice), improved recreational programming and food services, and the use of inter-disciplinary health care teams which consider the resident and their family as integral team members.

In addition, the Alberta government is undertaking a new initiative to develop continuing care centres. These centres will provide the flexibility needed to meet a range of health care and accommodation needs, supporting individuals to age in place in a more home-like environment.

Living Right...at Home

HOME LIVING is just that: living in your own home. Home living includes people who live in single family houses, apartments, condominiums and other independent living options for older adults. In home living, you are responsible for arranging the care or assistance you need. You can access publicly-funded health-care services through home care or community-based programs, and purchase personal or other support services privately.

SUPPORTIVE LIVING offers a higher level of assistance for people with moderate needs. It provides accommodation in home-like settings, where people are supported to remain as independent as possible while still having access to services that meet their changing needs. Supportive living operators are responsible for co-ordinating daily living services, such as meals, housekeeping, laundry and on-site activities and programs.

FACILITY LIVING serves people who are no longer able to remain in their own home or supportive living accommodation. This includes long-term care facilities, such as nursing homes and auxiliary hospitals that provide professional, 24-hour care to people with the highest and most complex health needs.

For more information on housing options for older adults, visit the Alberta Supports website at **www.albertasupports.ca** *and click on "Seniors" or call Alberta Supports at 1-877-644-9992 toll free.*

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To Move or Not to Move – A Checklist for Decision-making

For many of us, our later years will include a move to housing that can better support us as we age. How do we know when the time is right? Use this checklist – as a couple, by yourself or with an aging family member – to guide the decision. The intent is not to count up check marks but, rather, to get you thinking and talking about this significant life decision.

SAFETY: Is your home suitable and safe?

- ❑ How difficult is it for you to manage the stairs in your home?
- ❑ How willing or able are you to clean your home?
- ❑ How willing or able are you to maintain the yard and outside of the home?
- ❑ Do you have enough help available when necessary; e.g., during a short-term illness, or a change in mobility?
- ❑ Are you at risk for falls? Does your home have good lighting, bathroom safety bars, handrails, and safe flooring?
- ❑ Do you smoke? Do you have and maintain enough smoke detectors?
- ❑ Do you have a hot water safety valve on hot water taps?
- ❑ Do you have an emergency response system in case of illness or injury? (To locate an emergency response system you can search the term on the Internet or contact your provincial seniors' information line for more information.)
- ❑ Do you have emergency contact numbers by the phone?

FINANCES: Is the choice to stay in your home economically sound?

- ❑ What minor and major repairs must you make in the next few years?
- ❑ Would moving to a more affordable rental accommodation allow you to have a more enjoyable lifestyle?
- ❑ Are taxes, insurance, utilities, and other costs affordable for you?
- ❑ Do you have finances available for renovations or adaptations if they are necessary?
- ❑ Can you get financial assistance for renovations or adaptations to your home?

LOCATION: Is the location of your home suitable?

- ❑ Is adequate transportation available for medical appointments, social activities, and visiting friends and family?
- ❑ Are stores and other services within easy reach?
- ❑ Is the neighbourhood safe and pleasing to you?
- ❑ Do you have good relationships with your neighbours?
- ❑ Do you have adequate access to friends, social and church activities?
- ❑ Is your own physical mobility or driving ability an issue?

SUPPORT SERVICES: Are necessary in-home support services available and/or affordable for you?

- ❑ Do you need any of the following in-home support services?
  - Household services (cleaning, yard work, minor repairs).
  - Home-delivered meals, grocery delivery.
  - Visitors, companions, drivers, etc., volunteer or paid.
  - Access to adult day programs (if required).
  - Personal care services.
  - Professional services (physiotherapy, nursing).
- ❑ Can you find them?
- ❑ Can you afford them?

Once you have completed the checklist and talked to your family members or other support persons, answer the following question:

Is the decision to stay in my current home in my best interest?

___ Definitely yes ___ Maybe
___ Definitely not

This checklist is offered as a community service by Sage (Seniors Association of Greater Edmonton) and is adapted from: Maureen Osis, Judy Worrell, & Dianne McDermid. "The Meaning of Home," in *Your Aging Parents: How to Prepare, How to Cope*. ElderWise Publishing (2010).

Permission is granted by Sage to reprint this checklist in its modified form.

Co-housing:
An Investment in Community

Maintaining both our own front door and supportive social networks can be challenging as we age. Co-housing offers an innovative solution, and one that is becoming more popular among both families and older adults.

In a co-housing development, residents live in private residences and share common spaces and services. The houses themselves may be apartment-style, detached or semi-detached. Rather than each person owning a lawnmower, they share. They may also share vehicles. Common spaces often include a kitchen where meals can be prepared in bulk for several families at a time. Art and craft workshops and common recreation areas may also be part of the design.

So how is co-housing different from traditional older adult developments? Two important things set co-housing apart. First, residents are directly involved in the development of the project. Each co-housing development starts by bringing together a group of potential residents. Together, they identify their needs and decide what the development will look like, what common areas it will offer, and whether or not they can form a compatible community.

Second, co-housing residents are committed to the principle of community building and inclusiveness. These principles are reflected in both the design of the property and the way residents interact. While housing is a financial investment, co-housing is also a *social* investment. Each resident agrees to invest time in building positive relationships. Co-housing communities often hold workshops to help residents build and maintain strong relationships.

In a co-housing community, no one is ever alone. Need help with home repair or emergency childcare? There is always a neighbour who can help. Just want to talk or take a walk with someone? Co-housing offers an instant social network. Members of co-housing developments look after, and out for, one another. The result is a community that is happier, healthier and safer.

Co-housing developments can be multi-generational or specific to older adults. While senior-specific co-housing can meet the targeted needs of older adults, multi-generational developments offer an opportunity for older residents to be valued for their knowledge and contributions, and a place where young people can socialize and learn from their elders.

In Alberta, there is currently one co-housing development in Calgary, called Prairie Sky, and several others are in the planning stage in both Calgary and Edmonton.

For more information on co-housing, visit the Canadian Co-housing Network at **www.cohousing.ca**

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I THINK FAMILY IS REALLY IMPORTANT, HAVING THEM AROUND, GETTING TOGETHER FOR FAMILY MEALS, SEEING GRANDCHILDREN GROW INTO ADULTS, FROM LITTLE BABIES AND, YOU KNOW, GETTING MARRIED. BEING WITH THEM, IT'S NICE. THEY COME VISITING, IT'S GOOD. KEEPING IN TOUCH, KNOWING WHAT THEY DO, WE CAN HELP THEM ALONG AND VICE-VERSA. FRIENDS MAKE A DIFFERENCE TOO. WE GET TOGETHER ONCE A WEEK WITH OUR FRIENDS, TO PLAY CARDS.
JOE

Social connections

Aging well includes finding meaning and purpose in our lives. Most of us find meaning in the connections we have with our family, friends, neighbours and community. Our social "connectedness" contributes to feelings of purpose, well-being and our ability to cope with change and life transitions. In fact, many studies have found a strong correlation between positive social relationships and physical and mental health.

As we age, our social networks tend to become smaller. We leave colleagues behind in the workplace. Friends move into adult condominiums or spend months away from home in the winter months. We move away from familiar neighbourhoods, or watch our neighbours leave. We might be separated from our spouses, partners and family because of health-care needs, dementia or death.

In older adulthood, social connectedness does not have to mean vast networks of friends, family, neighbours or work associates. Having one or a few close connections can provide the emotional and practical supports we need. While many of us will enter older adulthood with a spouse or life partner, that can change unexpectedly. That's why it's important to build and maintain social connections beyond our immediate families and closest friends – important at any age, but especially so as we enter our older adulthood.

FAMILY RELATIONSHIPS

For most of us, family becomes more important as we age. We are bound to our families by shared history and the promise of assistance in times of need. It is the quality of these relationships, not the quantity that is more important. For example, people who have close relationships with their adult children live longer. Frequent contact between sisters is a strong predictor of overall happiness. And people who are satisfied with their family relationships report higher levels of psychological well-being and even better physical health.

In addition to emotional support, adult children can provide practical supports to their aging parents. More than one in 10 older Albertans live with their adult children and that proportion is expected to increase in the future. Children are also the main caregivers for older parents. Over one in four women and almost one in five men, aged 45 to 64, provide some care to older family members.

For those of us without children, including both singles and couples, our connections with extended family and with friends and neighbours become more important. We can develop communities of mutual support that will give us someone to depend on as our needs change.

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You know, if you have close family and friends, you stay happier you feel healthier. It all helps towards your well-being. Madeline.

COMPANION PETS

While not a choice for everyone, a pet can meet many of our needs for social connection whether or not we have a network of family and friends. After all, most of us consider our pets members of the family. For older adults, the bond with pets is often stronger and more important than at any other time of life.

Our pets can help us deal with change, loss and grief that can come in later life. Pets, particularly dogs, can also get us out of the house and into the community. Dog ownership is positively associated with greater physical activity – when the dog walks, we walk. The presence of a pet often serves as a conversation starter, which helps to connect us with other people.

Companion pets can contribute significantly to quality of life and the science supports the positive benefits of pet ownership, but few of us own pets to lengthen our lives. Rather, we care for and nurture our pets because they bring joy, humour and love to our lives.

Our pets can help us deal with change, loss and grief that can come in later life.

SENIOR CENTRES AND SENIOR-SERVING ORGANIZATIONS

Almost every community in Alberta has a place where older adults gather for friendship, recreation, community service and civic engagement. These places might be community halls and drop-in centres, or large urban senior centres that deliver a myriad of services and supports. Some are open and welcoming to all, while others meet the unique needs of specific communities, including: gay, lesbian, bisexual, transgender, two-spirited, questioning, queer (GLBTQ) adults; ethnic and cultural communities; and religious organizations. Senior centres and senior-serving organizations can help to rebuild social networks, connecting or reconnecting older adults to their communities.

To find a Senior Centre in your area, **www.health.alberta.ca** or call Alberta Supports Questions Contact Centre at 1-877-644-9992 to request a copy of the directory.

I think it's fun growing old together, with four sisters. We laugh together, and we tease each other. And they're younger than me.
Pauline

WORKING

Despite the association of retirement with older adulthood, the two don't necessarily go together – at least not at first. Some older adults, especially men who are in good health and have higher levels of education, remain in the workforce beyond traditional retirement age. For these individuals, employment provides a means to stay physically active, mentally engaged and socially connected.

VOLUNTEER AND LEISURE ACTIVITIES

Many older adults find purpose and meaning in volunteer work. Volunteering allows people to stay active, learn new things, share skills and knowledge, and contribute to their community. It is also linked to better health and well-being. In the same way, leisure activities can also keep us connected with other people and help to maintain a sense of purpose and self identity.

Volunteering allows people to stay active, learn new things, share skills and knowledge, and contribute to their community.

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For me, family is the key. When I think about my great grandchildren, they keep me fit and I see them a lot. They take me places and involve me. And of course, my wife helped me to age well, kept me going. We can do things together, and that's helped me too.
Norm

A Creative Way to Age Well

A study by the National Endowment for the Arts and George Washington University found that a little creativity in later life can go a long way. The multi-site study used an experimental design, including intervention and control groups, to measure the impact of participation in community-based art programs on older adults' health and well-being. The differences were striking. Compared to those in the control group, older adults who participated in the arts programs reported better health, fewer doctor visits, less medication usage, more positive mental health, and more involvement in other activities.

The Creativity and Aging Study: The Impact of Professionally Conducted Cultural Programs on Older Adults. Final Report: April 2006.

Planning to Age Well

Public health offers a unique perspective on aging. That's because we look at the whole life course when we talk about aging. Healthy aging is not something that begins in later life at a predetermined age, such as 55, 65 or 75. Rather, it's a process and attitude that's influenced by a lifetime of experiences, choices and actions. For example, we know that early childhood development is intimately connected to how we age. Good nutrition, regular activity and other healthy practices, at any age, are important to how long and how well we live. The relationships and connections we form throughout our life will follow us into our older adulthood, bringing support and meaning.

Planning is essential to aging well. Physical and cognitive changes are natural in later life – aging well means having the ability to respond and adapt to what these changes bring to our lives. The more financial and other resources we have, the more choice and autonomy there is likely to be to live the way we choose. And this means planning ahead for all aspects of our lives, including our health, housing, transportation and social connections. It means giving thoughtful consideration now to how we would choose to live in our older years.

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Consider the checklist for decision-making presented earlier in the chapter. While the focus is to provide assistance in making the decision whether to remain in our home in our older age, the same tool could be used to guide our decisions about where we live or how we live, at any age. When we decide to move to a new home or move into a new neighbourhood with the hope of living there for a lifetime, the questions we should ask ourselves are the same. Am I going to be able to maintain this home? Can I afford to live here? Do I want to manage stairs? How far am I from the park and a grocery store? Is the neighbourhood safe and will I have something in common with my neighbours?

Personal planning is just one part of the equation. As a society, we share the responsibility for aging well with our older citizens. In order to find a best fit with personal resources, older adults need supportive families and communities where they are respected and valued.

As a society, we share the responsibility for aging well with our older citizens.

When life gives you lemons...

I did not expect to be disabled, in a wheelchair. I didn't expect to acquire meningitis which took even more away from me. I didn't expect to need such a level of care in my 50s. But with services like home care, I'm able to work, participate in recreation, drive and access a variety of programs.

When I was younger, I believed that I was indestructible: I wouldn't get old, I wouldn't get sick, I wouldn't have tragedy. I was more interested in being popular, acquiring things. I didn't give the future a thought, not financially. I would tell young people today to relax, take care of body and mind, because what seems so important today won't be down the road. Do things you enjoy rather than things you are driven to do, especially by peer pressure. An elder told me that whatever is in your heart, that's where your gifts are. So whatever you desire to do, whatever you dream of doing, that's what you should do because that is where your gifts will be. And the sooner you learn to laugh at yourself, the happier you'll be.

I think my greatest fear about getting older is the loss of independence. Now I enjoy a great amount of freedom and independence, but as my medical condition deteriorates, it is feasible that some of that is going to be lost. And no one looks forward to being in care. But that's another milestone of sorts, and I don't dread it and it doesn't take away from my enjoyment of the day.

I am grateful for the facilities and services that will be available. We have a variety of those. I hope that my husband and I can stay together in the same place for many years. I hope we can continue to travel. And I really hope I can stay engaged in the things that are important to me, in the lives of my family and children, service in the church and being connected to friends.

Carrielynn, 57

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CHAPTER 4:

Challenges of Aging – Things that Hinder

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Challenges of Aging – Things that Hinder

As has been mentioned before, aging well is often described as finding the right balance, or best fit, between our personal resources and the environments in which we live. Our resources provide security, stability and the ability to maintain control over our lives, even in the face of decline. But what if we reach older adulthood with few personal or material resources? What if, despite all our plans, things change? Financial hardship, chronic illness, disability and societal attitudes are just some of the challenges that can make it more difficult to age well. Some of these challenges can be mitigated by early planning and positive choices; others may simply be beyond our control.

Bette Davis, named the second greatest female actor of all time by the American Film Institute (Katharine Hepburn was first), is credited with saying, "Old age is no place for sissies!" Indeed, many older adults point out that aging takes courage – courage to think about what it will be like to be older; courage to realistically consider the resources we will need; and courage to take on unexpected challenges that arise. It also takes courage and confidence to talk to our family about very practical, but very personal and sometimes difficult topics that are important to address. How much income will I need? Where will I live? Who will make decisions if I can't? What are my final wishes?

What is the experience of aging when we don't have sufficient financial resources, when health challenges limit ability, and when social support is hard to find? What is the experience of coming face-to-face with some of the challenges that take courage to address: physical or mental decline, loss of control and dying?

Financial hardship, chronic illness, disability and societal attitudes are just some of the challenges that can make it more difficult to age well.

Low income and poverty

Many of us – probably most of us – put off preparing for our later years until at least middle age. If we haven't adequately prepared, some of us may suddenly find ourselves playing catch-up, which might mean continuing to work beyond our anticipated retirement. For others, it can mean having fewer choices and options for how and where we live in our later years. But early planning, especially financial planning, is rarely possible for people who work in low-paying jobs or who struggle with life circumstances that prevent them from working. For these individuals, "choices" and "options" have less meaning.

Thirty years ago, 21 per cent of older Canadian adults had after-tax incomes below the low-income cut-off line (LICO). By 1999, that number had fallen to just eight per cent. In Alberta, average pre-tax household income among older adults, married or common-law, has risen considerably from two decades ago. These positive trends are due in part, to improved provincial and federal supports, the greater participation by women in the workforce and increased family incomes.

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If we look at our Aboriginal communities, there is a large number of elders who live in unsafe and crowded conditions. And they remain the primary caregivers when they are the ones who need to be taken care of. So, they live under a terrific amount of stress. Access to services in some of the remote or semi-remote areas is serious too. Carrielynn

Some groups of older adults, for example, unattached older women, have an increased likelihood of lower income in their later years. Many older women find themselves in desperate financial circumstances when their husband or partner dies and pensions are cut in half or lost. In some couple-families as well, an adequate income can quickly become inadequate if one partner moves into continuing care or requires private in-home services. Even government-provided home care may involve extra costs that cannot be afforded. Rising costs for food and basic services, along with a shortage of appropriate housing for older adults with lower income, creates more financial hardships.

Older adults who have experienced a lifetime of financial hardship or live with low incomes may find they do better financially than they did in their earlier years. This is because at age 65 they qualify for financial support programs such as Old Age Security, and other programs directed to help low income older adults. Yet, financial hardship that spans the life course can have many negative effects. Lifelong poverty contributes to health deficits that start slowly and then accelerate in later life. In addition, financial strain has been associated with family discord, domestic violence and difficulty maintaining social relationships. Chronic poverty erodes personal resources of self-esteem, self-identity and the feeling that one can control his or her life circumstances.

Health challenges

The impact on health that can result from a lifetime of hardship and fewer resources accumulates and becomes apparent at much younger ages – in higher rates of disability, chronic disease and functional limitations. The relationship is often reciprocal: poverty contributes to poor health, and poor health contributes to poverty. But chronic illness, disability, dementia, addiction or mental health issues can affect anyone. The difference lies in how these challenges can be managed – those with fewer resources will struggle more.

Chronic illness, disability, dementia, addiction or mental health issues can affect anyone.

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CHRONIC ILLNESS AND DISABILITY

Over 90 per cent of older adults have at least one chronic health condition, and one third have four or more. Almost half of older adults say they have a health-related condition or disability that limits their ability to carry out daily activities. Common chronic conditions in older adults include arthritis, high blood pressure, diabetes, heart disease, cancer, stroke, Alzheimer's disease, cataracts, glaucoma, and mood or anxiety disorders. Arthritis is the most commonly reported chronic condition and high blood pressure is second, with woman more likely to be affected by both conditions than men.

Not all chronic conditions are equal. While some can be managed with diet, regular activity and medication, others are more difficult to manage and can have a significant impact on quality of life. Chronic conditions that present the greatest challenges include Alzheimer's disease and other dementias, stroke, epilepsy, bowel disorders and urinary incontinence. With sufficient resources, many of us can learn to live with these conditions, but for those who are already vulnerable, they can be overwhelming.

When disability follows you into later life

Until recently, people with severe physical or cognitive disabilities rarely lived into old age. Today, thanks to technology and better supports, people with disabilities are living longer than ever before and many are entering older adulthood with limitations they have lived with for most of their lives.

Larry Pempeit and Betty MacIsaac, both employees of the Canadian Paraplegic Association (Alberta), have lived with paralysis for more than 30 years and are now in their 50s and 60s, respectively. Larry has a spinal cord injury and Betty has had polio. Both have noticed changes in the way their bodies function. Betty, who has used a manual wheelchair for many years, now experiences pain in her shoulders as a result of overuse. Because of this, she has switched to a power wheelchair on weekends and for shopping. "You need to prepare financially for that," she says. "My house was already suited for a power chair, but some people might have to widen doorways or get a different vehicle so that they can continue to drive."

Larry, who already uses a power wheelchair, has somewhat different concerns. He's a very active person and wonders if he'll be able to keep up his level of involvement in the community in the coming years. "Keeping active is so important to your well-being," he says. "You have to stay connected with people in order to avoid getting depressed." Betty agrees. "When you have a disability, your options for volunteer activity are more limited. You can't do everything that someone who is able-bodied can do, like delivering Meals on Wheels, because you can't get into people's homes with a wheelchair."

Larry and Betty agree that aging with a disability takes additional planning. The Canadian Paraplegic Association (Alberta) has many clients with disabilities who are now entering their retirement years. As a result, the organization is starting to look at ways to serve this population better. The magazine Spinal Columns and its website carry stories of interest to people aging with a physical disability. Peer groups meet regularly, and a new "over 40" peer group for men has just started up in Edmonton.

Larry and Betty emphasize that it is important for people with disabilities to stay informed so that they can be good advocates on their own behalf.

For more information on aging with a disability visit:

Disabled Peoples' International at **www.dpi.org**

Harris Family Centre for Disability and Health Policy at **www.cdihp.org**

Canadian Centre on Disability Studies at **www.disabilitystudies.ca**

Dementia

We all have moments of forgetfulness. We walk into a room and forget why we came in. We run into the mall and then forget where we parked. A friend's birthday can come and go without mention. We can miss an appointment or show up on the wrong day. All of these "moments" are normal parts of life. While they seem to increase as we grow older, most of us experience them at any age. They are not signs of dementia. Dementia is *not* a normal part of aging.

Dementia refers to a large class of disorders characterized by the progressive deterioration of thinking ability and memory as the brain becomes damaged. Symptoms commonly include loss of short-term and long-term memory, judgment and reasoning, as well as changes in mood, behaviour and the ability to communicate. These symptoms may affect how a person functions at work, in social relationships, or in normal every day activities.

Alzheimer's disease is the most common form of dementia, accounting for more than two-thirds of all dementias. It is a progressive, degenerative and fatal brain disease in which cell to cell connections in the brain are lost and brain cells eventually die. The second most common form, vascular dementia, is caused by reduced blood flow to the brain, usually from a stroke or series of strokes.

More than 500,000 Canadians have dementia today. A major study by the Alzheimer Society of Canada, *Rising Tide: The Impact of Dementia on Canadian Society*, estimates that this number will increase substantially to 1,125,200 by 2038 with a cumulative economic cost of $872 billion. Yet, the current policy response to this "rising tide" is limited and uneven across Canada. The goal of the Alzheimer Society of Canada and the *Rising Tide* report is to generate a solid, evidence-based foundation upon which policymakers can build a comprehensive national plan.

As a provincial community, it is also important to recognize that individuals with dementia are not the only people affected by the disease. Dementia also places a long-term, progressive burden on those who care for them. We need to take action to prevent or delay dementia through effective health promotion and disease prevention efforts, and support informal caregivers who will shoulder much of the social and economic costs.

Source: Alzheimer Society of Canada. *Rising Tide: The Impact of Dementia on Canadian Society, 2010.* Retrieved June 2012 from **www.alzheimer.ca**

For more information about Alzheimer's disease/dementia and the types of supports available to you and your family visit the Alzheimer Society of Alberta and Northwest Territories (ASANT website at **www.alzheimer.ab.ca**)

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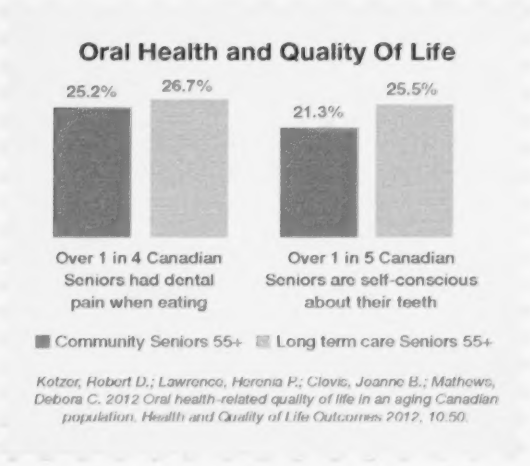
The older you get, there always seems to be something going wrong, physically more than mentally. I don't know about in other countries, places where they don't or can't look after you. We're really fortunate here. I've had two knees replaced and two hips replaced and here they take such good care of you physically.
Norm


Oral Health and Quality Of Life
25.2%
26.7%
21.3%
25.5%
Over 1 in 4 Canadian Seniors had dental pain when eating
Over 1 in 5 Canadian Seniors are self-conscious about their teeth
Community Seniors 55+
Long term care Seniors 55+
Kotzer, Robert D.; Lawrence, Heronia P.; Clovis, Joanne B.; Mathews, Debora C. 2012 Oral health-related quality of life in an aging Canadian population. Health and Quality of Life Outcomes 2012, 10:50.

INJURY FROM FALLS

Unintentional injuries among older adults account for a significant burden in both human and economic terms. Falls are the most common cause of injuries in older adults and can have significant and lasting consequences which can include hospitalization and increased probability of admission to a long-term care facility.

An estimated one in three older adults experiences an injury-causing fall every year. While most recover, some never do and continue to experience chronic pain, reduced function, restricted activity, social isolation and even premature death. This is particularly true if a hip fracture has occurred as a result of the fall. In fact, up to one half of those who suffer a hip fracture as a result of a fall are not able to return to independent living, and as many as one third die within a year.

Even if no injury occurs, the psychological impact of falling can result in loss of confidence and restriction in activities (such as regular exercise), both of which can have negative consequences for overall health status, including increased risk for future falls.

EYES, EARS AND TEETH

The ability to see, hear and eat our food is important to quality of life at any age. When there is decline in sensory functions along with other physical or cognitive changes, our enjoyment of life can also decline.

Approximately 80 per cent of older Albertans report problems with their vision. For four per cent of older adults, vision problems are uncorrected, a proportion that rises to eight per cent after the age of 80. At least 13 per cent of older adults report hearing problems, seven per cent of which remain uncorrected after the age of 80.

Oral health

Oral health is a key component of our general health overall. Pain and disability associated with poor oral health affects the ability to eat properly which in turn affects nutritional status, body weight and overall resistance to systemic diseases. In fact, many studies have shown a relationship between poor oral health and other conditions such as diabetes, stroke and heart disease, requiring hospitalization.

Almost 80 per cent of older adults have their natural teeth nowadays, compared to less than 50 per cent a generation ago. However, more than one in four older adults had mouth or dental pain in the past year – the number one reported oral health problem for people over age 55 years. The second most common oral health problem faced by older adults is feeling self-conscious or embarrassed by their teeth or dentures. In other words, oral health affects not only physical comfort, but social interactions as well.

More than 40 per cent of older adults in Alberta see a dentist or dental professional in a 12-month period – well below the national average of 69 per cent for mid-age Canadians (35-54 years). Yet, the Canadian Dental Association reminds older adults that "you're never too old to have healthy teeth and gums. And you are never old enough to stop seeing your dentist!" With the coming generation of older adults more likely to have implants, crowns and bridges, these more complex tooth restorations will require daily oral hygiene care and regular checkups.

MENTAL HEALTH

Our feelings of self-worth, confidence and motivation can come and go with life's many ups and downs. For some, however, poor mental health can be a day-to-day reality that can seriously impair our physical health and the quality of our social interactions. Mental illness is not a normal part of aging. Yet, mental illness is often overlooked in older adults because it is viewed as a consequence of aging-related experiences such as grief or physical decline.

Older adults can suffer from a variety of mental illnesses, including mood, anxiety and psychotic disorders. At any one time, at least 20 per cent of older adults living in the community experience mild or severe depression, compared to five per cent of the population as a whole. In long-term care facilities, these rates can be 40 per cent or higher. Depression in older adults often goes unrecognized, undiagnosed and untreated, perhaps reflected by the sobering statistic that the suicide rate among older adults, particularly men, is five times higher than that of any other age group.

The risk for mental health issues cuts across the spectrum of the older adult population. While poverty, lack of affordable housing, social isolation, abuse, grief or physical illness can trigger poor mental health, anyone can be affected. Here too people with fewer resources are less likely to receive the treatment they need. Older adults who are recent immigrants to the province are particularly at risk.

When Stuff becomes Stifling

Many of today's older adults have lived through times of economic depression and war – times when satisfying basic needs took precedence over personal wants. As times changed and people became more affluent, relatively speaking, we became a society of "stuff." For most people, that isn't a problem. As new things come in, old things go out. But for those with the mental illness described as hoarding, "stuff" comes in…and comes in…and comes in…but rarely, if ever, goes out.

Most of the things collected by hoarders may be considered useless or of limited value by other people. Living spaces become extremely cluttered and cannot be used for their intended purposes. The individual suffering from this condition may be distressed but unaware that the behaviour is the cause of his or her distress. Indeed, at least 73 per cent of older adults who hoard are unaware that their hoarding is a problem.

The causes of hoarding are complex. There is some indication there may be a genetic basis since a large number of hoarders have relatives who hoard. Certain personality traits are also associated with hoarding behaviour, such as reclusiveness and eccentricity. Hoarding behaviour can be present with other conditions including depression, eating disorders, obsessive compulsive disorders, brain injury and dementia.

Hoarding behaviour can lead to social isolation and withdrawal. Those who hoard are often uncomfortable inviting people in, and other people may be uncomfortable being in the cluttered home

of a hoarder. For older adults hoarding also raises other concerns, including fire hazards, increased risk of falling, unsanitary living conditions, evictions and homelessness.

Although there is no specific cure for hoarding behaviour, organizations like Sage in Edmonton and Calgary Family Services offer support groups and services for people who hoard or collect obsessively. As one Calgary participant said, "It's supportive and comforting for people to know there are a lot of other people out there who have this issue."

In Calgary, contact Calgary Family Services at 403-537-3389 or visit **www.calgaryfamily.org/olderadults** for more information on the Making Room program.

In Edmonton, contact Sage (Seniors Association of Greater Edmonton) at 780-701-9005 or visit **www.mysage.ca/supportgroup.cfm** for more information on This Full House program.

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I'M STARTING TO FORGET NAMES, AND SOME PLACES. LIKE, IF YOU'RE GOING SHOPPING...I COULD PRETTY WELL GO ANYWHERE BEFORE, IT WOULDN'T BOTHER ME, JUST GET IN THE CAR AND GO. BEFORE, I WOULD GO WHEREVER, I DIDN'T REALLY HAVE TO THINK. NOW, I HAVE TO THINK ABOUT WHERE TO TURN, ALWAYS THINK ABOUT WHERE I'M GOING.
JOE

SUBSTANCE MISUSE

Most older adults do not misuse substances; however, for those with substance use problems, alcohol is most common. Retirement, grief and social isolation are some of the factors that may contribute to an alcohol addiction; for those who experience depression, alcohol-related problems are three to four times more likely to occur.

The misuse of prescription and over-the-counter medications is recognized as a problem among older adults. Misinformation or misunderstanding of instructions related to the medication can result in taking the wrong amount, for example. In addition, the likelihood of harmful drug interactions rises in proportion to the number of medications prescribed, which in the case of older adults is common. In many cases, physicians are not informed about all the medications their patient may be taking, particularly when patients are receiving prescriptions from more than one doctor. Electronic health records and collaboration between pharmacists and physicians could help to minimize this problem.

Normal physiological changes due to aging, such as a lower proportion of body water and slower metabolism add to the risk, by increasing the potency of substances such as alcohol and contributing to the severity of adverse effects from medication.

For more information see, *Best Practices: Treatment and Rehabilitation for Seniors with Substance Use Problems* **(http://www.hc-sc.gc.ca/hc-ps/pubs/adp-apd/treat_senior-trait_ainee/index-eng.php)**

A Welcome Opportunity to Find Social Connections

Edmonton's Welcome Home program demonstrates a deep understanding of people's need for other people. Created to support homeless people who have been recently housed through Housing First, Welcome Home is an opportunity for both volunteers and those recently housed to find connection in their community. Volunteers in the program, many of them older adults, are trained in the fine art of companionship. Once trained, they are connected with members of Edmonton's homeless community who have been recently housed.

Despite the harsh challenges, people who live on the streets are used to having people around. The transition to a private apartment can be very lonely. Welcome Home volunteers help to fill the gap and connect the recently housed to other important community services. The benefits are two-fold: volunteers gain a sense of purpose and those they visit are less likely to return to the street.

The Welcome Home concept isn't new. It's been used in other places to address the isolation that often comes with aging. The Friendly Visiting Program in Niagara, Ontario, for example, matches older adults and volunteers who spend time together playing cards, chatting or going for a walk. These simple interactions fill an important human need for connection and that connection leads to better health.

Welcome Home is an initiative of several Edmonton organizations, including Catholic Social Services, the United Way, the Edmonton Homeless Commission, Enbridge, and the interfaith community. Many program volunteers are older adults. For them, Welcome Home is an opportunity to do meaningful work that has a positive impact on the lives of other people and on their community as a whole.

For more information about Welcome Home, contact the Edmonton Homeless Commission at 780-443-8361 or the Office for Social Justice, Catholic Archdiocese of Edmonton at 780-469-1010.

And you know, if you don't have family, as you get older who is going to take care of you, look after you? Who would do this if you have no kids? I mean it must be a struggle, you know, to get the proper care. I think it's important that you keep strong ties with your families.
Joe

Social isolation

Retirement can present older adults with considerable freedom and more time to spend with friends, family and in personal pursuits. But as stated earlier, older adulthood can also be a time when our social networks become smaller. Neighbours move away. Friends and partners move into long-term care. People die. It can be difficult to build new networks as we grow older and social isolation becomes a real possibility.

Like social connectedness, social isolation has a strong impact on health and well-being. Loneliness is a key contributor to, and a key consequence of, poor health. On the one hand, lack of social support is associated with higher mortality, morbidity and psychological distress. On the other, poor physical or mental health can make it difficult for older adults to maintain close relationships and participate in their social networks.

INFORMATION AND COMMUNICATION

Given the rapid pace of technological development and a social culture that seems to be changing before our eyes, it can be easy to feel left behind and a little out of place. Use of the Internet by older adults is increasing rapidly but we are using it differently than younger generations behind us – those 'Generations X and Y' for example. Email use is common, but older adults are less likely to contribute content to blogs, online discussions or online photo sharing.

Online sources of information, social media and other online communication channels can help to open the world to older adults, especially as declining health and mobility limit community participation. But technology can in itself be isolating if there are few, or no other options available, since many older adults still prefer to access information through more traditional channels.

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SINGLE BY CHOICE AND SUDDENLY SINGLE

As previously discussed, many older adults enter older adulthood with a spouse or life partner and the majority have adult children. However, at least five per cent of adults never marry and an increasing number never have children. The reality is that most of us will find ourselves alone at some point in our later years. Some 20 per cent of older adults are separated, divorced or widowed singles. Women, much more than men, are likely to be widowed. Even those with children or extended family can be left alone as adult children and other family move away.

Entering older adulthood as a single or finding oneself suddenly single, can increase the risk for social isolation. The loss of a spouse or life partner can be devastating and isolating. We can be overwhelmed, not only by grief, but by new responsibilities, such as banking, grocery shopping or home maintenance. Many of our social policies directed at older adults assume some family support – from spouses, partners or adult children – when, in reality, many people do not have such support.

DIFFERENT LANGUAGE, DIFFERENT CULTURE

Older adults who have recently immigrated to the province are among the most socially isolated people in Alberta. Many of these foreign-born older adults have come from non-European countries, in many instances to escape dangerous living situations, to find new opportunities or to follow adult children and their families to a new country and a new life. Unfortunately, language, literacy and cultural differences can isolate them in their own homes or the family home of their adult children. Because of these barriers, they are also unable to communicate with peers or service providers and face great difficulty navigating Alberta's social and health systems. Moreover, many immigrant older adults believe they are not eligible to receive any services or are afraid to ask.

Rosa's Story

My name is Rosa and I am a senior from Yugoslavia. I came to Canada seven years ago, sponsored by my son who immigrated to this country as a refugee about 10 years ago.

Yugoslavia is the most beautiful place in the world. Sadly, killing, torture, rape and dying were a part of our lives for almost 10 years at the end of the 20th century. Many of us had no choice but to leave and build our nests far away from home. This is how I found myself in Canada, the second most beautiful country in the world.

Although we consider ourselves very fortunate to resettle and join our children in such a peaceful and prosperous land, oftentimes our life in this country is a struggle to carry on. Imagine an old tree replanted from another continent. How likely is it that this tree will survive? It is the same with us.

I can see Canadians are very friendly. I wish I could talk to them and share my story. There are hundreds of people living in my building. It hurts me to know that there is no one I can talk to. I cannot say much in English. Canadian libraries are well equipped. I love to read and I wish I could take out all the books there. Unfortunately, I live my life under imposed conditions of illiteracy. A multitude of health, family, finance, age and transportation issues are preventing us from learning the language.

We live among thousands, and yet, we are isolated. We often question our identity. Once we were highly respected in our families and the society at large. Suddenly, nobody turns to us as we do not know anything here. There was a time I was valued as an educator and an economist. But now, I cannot assist my grandchildren with basic homework. "You do not know, grandma" is what my little one says. I know that I do not know because I cannot say what I know.

My children are really good to me. They will do anything to help me. But, how much I can ask for? How much should I burden them? Ten years of sponsorship is a long period of time. Their plate is already full. They need help themselves. I wish I could help them.

Two years ago I got in touch with a cultural broker who speaks my language and understands my culture. How lucky I felt to meet somebody who could help me. And not only me, she has helped other seniors from Yugoslavia. We finally have someone to turn to. We can speak because she understands our language. It is a wonderful feeling to know that we are somebody and that somebody cares.

For more information on cultural brokers, visit the Multicultural Health Brokers Cooperative at **http://www.mchb.org/** or call (in Edmonton) 780-423-1973. For information about Sage's Multicultural Senior's Outreach Program call 780-423-5510.

LIMITED MOBILITY

Ask any 16 year old and he will tell you that a driver's licence represents freedom and independence. This is especially true in rural areas and small towns where other transportation options might not be available. Likewise, the ability to drive provides freedom and increases our options as we age. If we can drive, we can live at some distance from friends, family and services, without feeling isolated.

Driving is a privilege and a responsibility. A driver's licence can be revoked at any age when there is evidence that a person is no longer safe to drive. Fitness to drive is determined by changes in physical, sensory and cognitive abilities – not by age – although many of the medical conditions that limit driving become more common as we age. While some people will drive their own cars well into their 80s, most of us will outlive our driving careers. Men, on average, outlive their driving careers by six years, and women by 10 years.

The loss of a driver's licence can be embarrassing, frustrating and socially isolating. Whether we are an older driver ourselves, or are concerned about an older driver, we need to talk about what will happen when we (or someone close to us) can no longer drive. What support can friends or family provide? What alternatives are available in our community? How can the responsibility for transportation be shared among these different options? By planning ahead, we can be ready to go when our driving career comes to an end.

For more information on driver fitness, contact Alberta Transportation Driver Fitness and Monitoring at 780-427-8230 or visit **www.transportation.alberta.ca** or **www.saferoads.com**

Are older drivers unsafe drivers?

Many people hold the common misperception that older drivers are unsafe drivers. But this belief is not supported by the numbers. Older adults, 65 and over, have the *lowest* casualty collision rate among all licensed drivers – just 5.4 per 1000 licensed drivers.* This compares to the highest casualty collision rate of 16.6 among drivers 18-19 years old. And yet the myth persists. Why is that?

The Medically At-Risk Driver Centre (MARD) at the University of Alberta is challenging the misperception that older drivers are unsafe drivers simply because of their age. Dr. Bonnie Dobbs, director of the MARD Centre, says, "Often, our tendency is to think about older adults as being all the same." When an older driver is involved in a collision we think it's because the driver is old. "In truth, the people who are most likely to lose their licences (because they are judged to be unsafe) are those who are ill – not necessarily old."

The MARD Centre acknowledges that Alberta's increasing life expectancy and aging population are increasing the probability that medically at-risk drivers will be on our roadways. At the same time, researchers point to the fact that chronic diseases, traditionally associated with age, are becoming more common in younger age groups.

As the numbers of medically at-risk drivers increase and illnesses impact drivers at increasingly younger ages, proactive planning for the safety and support of these drivers and their families will become increasingly critical. "It is important for us, as a society, to prepare to accommodate the transportation needs of people who can no longer drive either because of illness or age – whether they have made this decision voluntarily or involuntarily," says Dr. Dobbs.

For more information on medically at-risk drivers, visit the Medically At-Risk Driver Centre at **www.mard.ualberta.ca**

** Source: Alberta Traffic Collision Statistics 2010, Alberta Transportation, Office of Traffic Safety.*

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Our kids respect us, and our grandkids, but some people are abused by their grandkids, and that's sad. I think that's because of how we raised them.
Pauline

ELDER ABUSE

Elder abuse is any action or inaction that jeopardizes the health or well-being of an older adult. It impacts all aspects of the individual's life including their sense of personal identity, their security, autonomy and dignity. An abuser can be anyone – a family member, a partner, friend or caregiver – but is generally someone close enough to have influence or control. Similarly, a victim of elder abuse can also be anyone, male or female, in good or poor health, and with many or few financial resources.

Elder abuse can take many forms – financial, physical or emotional – and might include name calling, threats, put-downs or physical intimidation in order to control another person's actions and behaviour. The abuse can also include taking money or possessions without permission, or coercing someone to sign documents against their will. In many cases the victim of the abuse feels she or he must give in, either to avoid escalation of the abuse, because they fear loss of a personal relationship or access to support, or they fear for their personal safety.

People who are abused often become socially withdrawn and isolated. Many older adults who live with abuse and neglect become severely depressed and have a higher risk of becoming ill, or having existing health problems become worse. There is evidence to suggest that the stress of living in an abusive situation can even shorten their life.

A Strategy for Collective Action on Elder Abuse

In November 2010, the Alberta government released a new strategy aimed at preventing and addressing elder abuse, *Addressing Elder Abuse in Alberta: A Strategy for Collective Action*. Informed by research, stakeholder and cross-ministry consultation, the strategy outlines the vital roles that all partners share in supporting the safety, security and dignity of Alberta's older adults. The strategy builds on the Government of Alberta's existing and ongoing efforts in preventing family violence and bullying, and on the policy directions set out in the *Aging Population Policy Framework*.

To support the implementation of the strategy, the former Alberta Seniors ministry established an Elder Abuse Prevention Co-ordinator position. The co-ordinator liaises with Alberta communities to support the establishment and strengthening of networks, partnerships and strong working relationships between the Alberta government, community service providers and other stakeholders to raise awareness of elder abuse and effectively address it.

For more information, visit **www.health.alberta.ca**

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Elder Abuse: What to Look For and What to Do

IS SOMEONE I KNOW BEING ABUSED?

What to look for:

- Depression
- Isolation
- Diminishing self-esteem
- Financial difficulties
- Unexplained injuries
- Anxiety
- Difficulty sleeping
- Changes in hygiene, nutrition or medication

AM I BEING ABUSED?

Here are some questions to ask yourself:

- Does someone stop me from making my own financial decisions?
- Does someone repeatedly yell at me, put me down or treat me disrespectfully?
- Has someone threatened to move me out of my own home against my wishes?
- Does someone make decisions for me without considering what I want?
- Have I been hit, pushed, slapped or physically hurt by a family member or caregiver?
- Are my needs for food, safety, health care or aids to daily living not being met adequately or consistently?
- Has someone made unwanted sexual comments or advances, or forced me to commit degrading acts?
- Has someone given me too much or too little medication, or not given it to me when I need it?

IF YOU THINK YOU OR SOMEONE YOU KNOW IS BEING ABUSED:

- Call the Alberta Family Violence 24-hour Information Line at 780-310-1818 toll-free, for information and referrals. Interpreters are available in many languages.
- Contact your local police, RCMP department or tribal police immediately when abuse involves theft, assault or other illegal actions.
- Report abuse in a care facility through the Protection for Persons in Care Reporting Line at 1-888-357-9339 toll-free.

For more information, visit **www.health.alberta.ca**

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FRAUD

Older adults aren't necessarily more vulnerable to fraud than others, but the consequences can be more financially damaging. Studies have shown that older adults are more likely to be targeted by telemarketing scams. Many of these scams target older adults directly and take advantage of their concerns about not having enough money for a comfortable old age. In addition to fraudulent telemarketing, other forms of fraud include cyber fraud (email, websites), home renovation fraud, identity theft, investment fraud and travel clubs.

At any age it is important to protect ourselves from fraud by thoroughly investigating the credentials of anyone who contacts us, asking a financial advisor or lawyer for a second opinion, never signing anything we don't read or fully understand, and remembering that if it's too good to be true it probably is.

For more information on fraud and fraud prevention, visit **www.health.alberta.ca**

Studies have shown that older adults are more likely to be targeted by telemarketing scams.

Coping with change and decline

There are many enticing images of aging in our society: freewheeling empty-nesters, sun-loving snowbirds, marathon-running octogenarians and honey-mooning centenarians. All of these images are true, for some, and invite us to see older adulthood as a time of new adventures, new discoveries and new paths. In other words, part of our continuing life journey. But older adulthood is also a time of change and decline.

TAKING CONTROL BY PLANNING IN ADVANCE

The transition from independent adult, parent and caregiver to the one being cared *for* can be difficult for many people. We value our ability to make choices. Many of us fear getting older because we fear losing control over the decisions that affect us: finances, health, where we live, where we die and how our possessions will be distributed. While it is natural to fear this loss of control, we *do* have control over who will make these decisions and the kinds of decisions they will make, if we plan in advance. The key is that we talk to people – friends, family, caregivers – about our plans and wishes. On the next page, a number of options available to us in Alberta.

Planning in Advance

In Alberta, one or all of the following options are available for advance planning:

- A **PERSONAL DIRECTIVE** is a legal document that allows you to name an individual(s) you trust to make personal decisions on your behalf, in the event that you are unable to make these decisions yourself.
- **POWER OF ATTORNEY** is a legal document that allows you to name an individual(s) you trust to make financial decisions on your behalf, either immediately, or in the event you are unable to make these decisions yourself.
- **SUPPORTED DECISION-MAKING** allows you to name an individual(s) to obtain personal information on your behalf that may help you in making decisions.
- A **WILL** is a legal document that states how you want to divide your property (also known as estate) after death. A will must be in writing and does not take effect until you die.

When the capacity to make personal decisions is lost temporarily or permanently before any of the measures above are in place, the following options are available:

- **Co-Decision Making** will allow you to consent to a court order to appoint a trusted person(s) as your co-decision maker. The order requires you to make personal decisions with your co-decision maker, if you are assessed by a health professional or trained capacity assessor and determined to be significantly impaired.
- A guardian can be appointed by the court with the legal responsibility to make decisions for you if you lack the capacity to make specific *personal* decisions. This is called **GUARDIANSHIP**. Usually a family member or friend acts as a private guardian, but the Public Guardian may act if there is no one who is willing or suitable.
- A trustee can be appointed by the court, with the legal responsibility to make *financial* decisions for you, if you lack the capacity to make financial decisions. This is called **TRUSTEESHIP**. Usually a family member or friend acts as private trustee, but the Public Trustee may act if there is no one who is willing or suitable.
- **INFORMAL TRUSTEESHIP** arrangements can be made that give an individual authority to assist you with managing financial assistance from the government (i.e. government cheques such as Assured Income for the Severely Handicapped or Old Age Security). These arrangements are made with the specific government department that issues the cheque, for example Veterans Affairs.

For more information on decision-making options, visit the Office of the Public Guardian at **www.humanservices.alberta.ca**

I FEEL PRETTY HAPPY GETTING OLDER. I AM A RELIGIOUS MAN AND AM THINKING ABOUT THE NEXT WORLD. I WON'T TAKE ANYTHING WITH ME AND I WANT TO BE HAPPY IN THE NEXT WORLD, TOO.
HAJI SHER

Preparing to die

While 50 per cent of young adults say they are worried about death, just 25 per cent of those over 65 say the same. Older age brings an acceptance of the reality of death for many, if not all, of us. For some, religious and spiritual beliefs can give meaning to life, and to death, as well as bring comfort as we approach the end of our lives. For those who expect nothing after death or are unsure, a "life well lived" can also bring comfort and peace.

It may be fair to say that as a society we know that death is inevitable. But when death becomes real to us in a direct and personal way, we often deny it or avoid talking about it. Many adults today have never seen someone die. More than at any time in history, death has become something unknown. We are uncomfortable talking about our own death or the death of someone near to us. Too often we withdraw and leave it to the experts in hospitals, long-term care centres and hospices. As a consequence, the dying person can be left alone and isolated when he or she needs us most. By talking about and planning for death, neither you nor someone you love has to face it alone.

Think about and prepare for your own death. What do you want? Where do you want to die – at home or in a medical setting? Do you have the proper legal documents in place? Do your family or friends know your wishes? Many funeral homes offer advance planning services as a way to relieve the burden from family members and ensure wishes are honoured. Wills and personal directives that clearly express how you want to be treated when dying, and what you want to happen after you die, can provide a good starting point for discussion.

Whether you are dying or are offering support to another, talking is still the best way we have to stay connected with each other. Talk to the people in your life who matter – adult children, friends or other family members. By showing them that you are not afraid to talk about dying, they might be relieved that you have broken the communication barrier. Once the walls are down, you might be surprised by the peace and comfort that conversation can bring.

Talk to the people in your life who matter – adult children, friends or other family members.

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I'm trying to learn from my mom's life lessons. In a nutshell, she said to me one day that, as you age, slowly things get taken away from you, one by one. Knowing that, I want to be prepared in the future to have something to replace it with, if possible.
Marlene

The Privilege and Courage of Aging

In Alberta, as in most western countries, we have the privilege of getting old. Four-generation families are common, and even five-generation families with a living great-great grandparent are not unheard of. Twenty years ago, a 100th birthday was a rare event. In 2011, Statistics Canada counted 5,824 people aged 100 years and older and expects at least 11,100 by 2021. As a society we are living longer and healthier lives than ever before. But aging isn't always easy. It takes courage and it takes resources to adapt to the challenges that come along.

No doubt the experience of aging is more difficult when we have less financial or material resources, when physical and cognitive health decline, and when we have fewer social networks. These challenges rarely occur in isolation, but rather they are intertwined with one another such that one contributes to another – poverty to poor health to social isolation – and back again.

Just as the interplay of the challenges is complex, the solutions are also complex. There is no one policy or activity that will support everyone to age well. But there is something we can do together to create more supportive environments in which to grow old. Let's consider age-friendly communities, and in those communities the things we can do to help all of us age well.

There is no one policy or activity that will support everyone to age well. But there is something we can do together to create more supportive environments in which to grow old.

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CHAPTER 5:

Creating Age-Friendly Communities

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"Design for the young and you exclude the old. Design for the old and you include everyone."

Bernard Isaacs, Founding Director Birmingham Centre for Applied Gerontology

At the most basic level, communities are groups of people who put trust in one another, willingly help one another and connect with others for a common purpose. Communities can take many forms, from traditional neighbourhoods where people live, to those made up of people with whom a common identity is shared such as a cultural group, faith community or workplace. One's experience of community is influenced by both the people who live there as well as the built environment that surrounds them.

In general, an age-friendly community offers the physical and social environments that support its citizens in making choices that enhance health and well-being. Age-friendly communities have places to go (and ways to get there), people to see and things to do. In short, age-friendly communities are communities where citizens of all ages can thrive. There are some basics that every age-friendly community should have – affordable and accessible housing, access to services and opportunities to engage with others – but there is no single model that defines an age-friendly community.

What is age-friendly?

The World Health Organization describes "age-friendly" as communities in which older adults are able to flourish. Age-friendly communities have policies, services and structures related to the natural, human-built and social environments that enable older people to live in security, enjoy good health and continue to participate fully in society.

Aging in the right place

Where we live is deeply connected to how we live. For older adults, there is a strong link between housing and lifestyle choice, and between access to services and quality of life. Albertans say they want to age in place, which doesn't necessarily mean staying in the same house or neighbourhood, but *does* mean having the choice to stay near friends, family and the familiar. An age-friendly community recognizes the connection between where we live and how we live, and provides a continuum of housing options that allow us to remain in our own homes and our communities for as long as we wish or are able.

Age-friendly housing is affordable, free from barriers, low maintenance and located near a range of services, amenities and activities. Age-friendly housing makes it easier for older adults to maintain their independence and engage in their community. A well integrated continuum of care, including home care, assisted living and long-term care facilities, allows for smooth transitions in the face of declining health and can keep couples together when needs change. Age-friendly communities also look to break down barriers to housing, especially for those with disabilities, low income and specialized housing needs.

Government, private and not-for-profit developers, families and individuals share the responsibility for creating choice in housing for older adults. Federal and provincial governments can provide supports to enable older adults to stay in their own homes as long as possible. Municipal governments can encourage the development of appropriate housing and help older adults navigate the supports and services already in place. Family members, especially those who live nearby, can share their homes or provide needed supports. And individuals can make housing choices that can be adapted to meet changing needs.

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I need to know that services will be available to me, to extend the stay in my house, so I can live here as long as I possibly can. Down the road I may need home care services, whether personal, house cleaning, gardening.
Marlene

Envisioning an Age-Friendly Edmonton

The City of Edmonton is among eight Canadian cities granted membership into the World Health Organization's Global Network of Age-friendly Cities. As part of its commitment to creating an age-friendly Edmonton, the city joined the Edmonton Seniors Co-ordinating Council, the United Way of Alberta Capital Region, community groups and Edmonton seniors to create the vision for an Age-Friendly Edmonton Action Plan.

The vision is that "Edmonton is a community that values, respects and actively supports the safety, diversity and well-being of seniors." The plan sets out goals and actions in nine strategic areas based on the WHO Global Age-Friendly Cities Guidelines:

- Community support services
- Health services
- Communication and information
- Social and recreational participation
- Transportation
- Respect and social inclusion

- Civic participation, volunteerism and employment
- Housing
- Outdoor spaces and buildings

For a copy of *Vision for an Age-Friendly Edmonton Action Plan*, visit the Edmonton Seniors Co-ordinating Council website at **www.seniorscouncil.net**

Places to go

When older adults are asked what kind of community they want to live in, most simply say they want a clean and safe environment with green spaces. The challenge for age-friendly communities is to find affordable and sustainable ways to meet these needs. In general, age-friendly communities are safe, clean and accessible; in practice, there are many things a community can do to achieve this goal.

A safe and clean community has good street lighting, adequate policing, effective bylaw enforcement and community and personal safety initiatives. People know and care about their neighbours. Programs like Neighbourhood Watch engage citizens in protecting themselves and others. With their knowledge of the community and increased leisure time, older adults can play an important role in helping to keep their communities clean and safe.

The built environment in an age-friendly community includes outdoor spaces that are welcoming and accessible. More than just places to go, outdoor spaces should be places where people of all ages can come together. Age-friendly outdoor spaces are well maintained and offer shelter, accessible washrooms and places to rest. Sidewalks and trails are smooth and level, wide enough for wheelchairs and scooters, with curbs that taper down to the road. Parks, community gardens, flower planters and public lawns add beauty and freshness.

Age-friendly buildings including stores, malls, community facilities, public offices and office buildings, make it easier for older adults to remain engaged in their community. Barrier-free buildings have zero level entry (such as no stairs up to the door) or wheelchair ramps, automatic doors, elevators, low stairs with good railings, wide hallways, non-slip flooring and accessible washrooms. Clear, readable signage inside and out, along with more places to sit benefits everyone. Separate service counters for older adults, especially those with limited mobility, demonstrate an added concern for a community's older citizens.

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Building for the Future

What do L-shaped kitchens, lever door handles and hardwood flooring all have in common? Aside from being popular features in modern homes, they all improve accessibility for older adults and people with disabilities. All it takes is a bit of foresight and some good planning to add functionality to a home that people can live in for a lifetime.

Those in the business of promoting accessible home design note that increased functionality costs very little and can increase home resale value. Even if you're building your first home, consider creating a home that meets your needs now and has the flexibility to be adapted in the future.

Modifications made at the design and construction stage will allow future changes to be made more easily and economically. For example, a main floor office can later be converted into a bedroom for someone who has trouble climbing stairs. A five-foot turning radius in the bathroom will provide more space for bathing young children, while meeting the needs of a future wheelchair user. Larger than normal closets will offer better storage and can include roughed-in structures for future conversion to an elevator, if needed.

"Most of these adaptations cost little or nothing to build," says Ron Wickman, an Edmonton-based architect and member of Home for Life™. "When you think about saving dollars and the headache of future renovations, it doesn't take a home buyer long to realize that it's worth it." Wickman has assisted dozens of families to adapt their existing homes. "Depending on the kind of modifications that are needed and the design and construction of the original space, these renovations can cost $30,000 or more and take months to complete," he says. "If the supporting structure isn't in place, some renovations, like elevators or ramps, just aren't feasible and families are forced to move."

If you don't have a flexible or adaptable design, don't despair. Doug Bartlett, a Calgary-based builder and barrier-free renovation specialist, notes that many homeowners renovate their homes once the houses are 15 to 20 years old. "This is an ideal time to improve accessibility," says Bartlett. "It makes sense if you are gutting your bathroom or kitchen to do it with your future needs in mind." For example, a tiled, no-lip shower (also called walk-in or curbless shower) is an attractive and practical alternative to a bathtub that can serve both your present and future lifestyle.

For more ideas on how to make your home more accessible, visit the Home for Life™ wiki at **http://homeforlife.pbworks.com/**

Maybe there could be specific buses that go to specific places during the day. I don't know. But in terms of maintaining your social health, your social network, that would be important to have.
Marlene

...and ways to get there

Not only do we all want clean, safe and welcoming places to go, we need reliable and accessible ways to get there. Whether we walk, drive or use public transit, transportation is a vital part of our lives. We rely on it for everything, from buying food to meeting a friend for coffee. It is also our fundamental link to community activities and services.

WALKABILITY

Walking is the most common form of exercise that most of us get. We walk for enjoyment, for health and to get from here to there. It is also an important alternative to driving, especially for older adults. Age-friendly communities recognize the importance of walking and plan neighbourhoods that make it easy to walk to needed services, like grocery stores, pharmacies and leisure activities. A walkable community has well-lit and well-maintained sidewalks and trails that go somewhere. In a walkable community, all citizens, including business owners, keep walks cleared of snow, even if the location of the walk fronts a vacant lot. Pedestrian lights are timed to give older people enough time to cross roads and sidewalks, and trails are kept clear of snow and ice. Like welcoming buildings and public green spaces, a walkable community doesn't just benefit older adults – it benefits all of us.

DRIVING

Many older adults in Alberta own and drive a car, and many live in places that make driving a necessity, at least some of the time. Age-friendly communities can promote road safety by providing roads that are well-maintained, well-lit and have clear and adequate signs. Priority parking spots, wider stalls and accessible loading and unloading areas make it easier for older drivers to get where they're going.

The loss of a driver's licence is a significant event in an older adult's life and a major contributing factor to social isolation. Age-friendly communities can soften this event and ease the transition by working with older citizens to understand their transportation needs and design a community that is easier to get around, even as life circumstances change. The most age-friendly communities emphasize walkability and provide good alternatives to driving, including alternative transportation models that support local needs.

Age-friendly communities can promote road safety by providing roads that are well-maintained, well-lit and have clear and adequate signs.

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Need a Ride?

When we can no longer drive our own vehicle, our lifestyle can change dramatically. In urban areas, the mix of transportation options often includes public transit and privately-operated and non-profit transportation services. In rural areas, public transit systems are limited and gaps exist in transportation services. Alternative transportation, both in the community and between communities, is essential. Those who live in rural and remote communities often must travel to urban centres for medical services and other basic needs. Inter-municipal transportation services are, therefore, also needed.

The Medically At-Risk Driver Centre at the University of Alberta has taken a first step to address the needs of individuals who can no longer drive. The centre has developed an online directory of public, private and non-profit organizations in Alberta that provide alternate transportation for older adults. The easy-to-use directory is searchable by region, community or organization. For more information or to check out the directory, visit the Medically At-Risk Driver Centre website at **www.mard.ualberta.ca**

Check out the Alberta Motor Association's *Seniors Transportation Information Guide* available at **www.ama.ab.ca/AgingDrivers** The community-specific guides provide information on community groups, transportation options and services that come to your home (everything from groceries to dog grooming).

WE'RE NOT USED TO HAVING THE COMMUNITY PROVIDE THINGS FOR US BUT I KNOW THAT TIME IS COMING.
JOE

PUBLIC AND ALTERNATIVE TRANSPORTATION

Public transit services are most commonly found in cities and urban settings, but any community can involve its older citizens in finding ways to meet transportation needs, including those with physical disabilities and other mobility challenges. Volunteer driving services and shuttles to shopping and health services are some of the ways that age-friendly communities, both urban and rural, help older adults get where they need to go.

Communities can also encourage private businesses to fill the gap by providing accessible taxis and services that drive and accompany older adults to appointments and shopping. Urban centres with extensive transit systems could better meet the transportation needs of older adults by providing more non-peak time services and routes that take them where they want to go.

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People to see

Safe streets, accessible buildings and transportation options are important features of age-friendly communities, but only one thing truly makes a community a *community* and that is the people who live there. Getting older does not change our need for meaningful relationships. Connecting with people and engaging in our communities contributes to good health and well-being at every age.

Like other personal resources, the relationships we build and nurture with family, friends and neighbours over a lifetime can bring both pleasure and support as we grow older. Knowing our neighbours and being known in our community are important ways that we connect with others. Most of us choose to live in communities where we can be near family and friends. Age-friendly communities make it easier for older adults to retain these relationships and to build new ones if that is their desire.

Public transit isn't just for big cities anymore!

Take a look around Hinton, a community of about 10,000 people spread out along the Athabasca River in the northwestern foothills, and you'll see an unexpected site – transit shelters. The shelters are part of Hinton Transit, a municipal public transportation service that has operated in the community since 2007.

A 2006 Mayor's Task Force identified transportation as a key issue for citizens, especially those individuals and families who did not fit the criteria for Handibus service but found it difficult to get around the wide-spread town. Hinton's Town Council committed funding for an 18-month pilot project to determine the long-term viability of the transit service. The pilot project provided access to jobs, shopping, educational and recreational opportunities and targeted people with low incomes, youth and older adults.

The service has been well received and ridership has been higher than expected. In 2009, council approved a permanent transit system in Hinton. The service currently operates Monday to Friday, from 8:00 a.m. to 8:00 p.m. (9:00 p.m. on Thursday and Friday) and on Saturday from 8:00 a.m. to 7:00 p.m. Monthly ridership averages about 1,800 passengers. Adults over 65 can purchase a quarterly pass which gives them unlimited travel for just $50.

Passenger surveys show that the transit service has enhanced and benefited people's lives in many ways. People now have increased access to employment, medical services, social services and recreational opportunities. The service has also strengthened the community by increasing connections between neighbours and neighbourhoods.

Build it and they will come!

Camrose is an age-friendly community of just over 17,000 people, about an hour south-east of Edmonton. The community is proud of its ability to offer big-city amenities with small-town friendliness and security. People of all ages get involved in the community through service clubs, church events, festivals, art and cultural activities, and sports and recreation.

This vibrant city has become a unique and active centre for older adults, offering apartment complexes, subsidized housing, home care services, lodges and extended care facilities. The City-owned Mirror Lake Centre is home to the Camrose Seniors' Organization which offers a variety of programs and services to promote physical, mental and spiritual wellness.

In the early 1980s, Camrose made a strategic decision to become a welcoming community for older adults. Today, almost one in five citizens in Camrose is over the age of 65, compared to the Alberta average of one in 10. The growing population of older adults in Camrose has, in turn, attracted more older adults to the city. "A large seniors community provides opportunities for great friendships, great working relationships, great volunteer relationships and a very active seniors community," says Ray Telford, economic development officer in Camrose.

The city values its older adult population and shows this even in little ways. Street address signs, for example, use larger lettering than those used by most municipalities. "Easier to read," says Telford.

For more information on the age-friendly City of Camrose, visit its website at **www.camrose.ca** or contact the Economic Development department at econdev@camrose.ca or call 780-672-4426

I was talking to a lady recently who mentioned that the City facilities were getting more expensive and she almost can't afford to come anymore. I told her about the free pass that if you have an income under $25,000, you can get this pass. She didn't know anything about it. I went home and looked it up on the internet and printed out the information for her. She was in her 70's. I think. and how could she have learned about it? How do people learn about these things?

Marlene

Things to do

An age-friendly community makes it even easier by providing access to facilities and activities that appeal to a range of people and interests. Urban centres, in particular, offer public facilities and transportation systems that can make it easy for older adults to stay involved in their communities. But that doesn't mean age-friendly communities must have elaborate recreation centres and major shopping areas. Many small and rural communities have active older adult groups and programs that offer a variety of opportunities to stay active, connect with others and participate in the broader community.

Intergenerational programs can be part of any age-friendly community and a great way to encourage mutual support and understanding. In Aboriginal and many ethnic communities, elders play an important role in teaching the younger generation about their

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culture, language and history. Community events draw people from all ages together, providing opportunities for meaningful interactions between the generations.

A growing number of senior residences are offering or exploring the potential of including child care centres in their common spaces. For example, the Edmonton YMCA has opened several child care centres in seniors' residences, its first in the Kipnes Centre for Veterans in 2005. This type of design provides a number of unique opportunities for residents and children to get to know each other. Residents and children come together for activities such as baking, floor hockey, sing-alongs and story times. Residents can drop in and read to the children, and the children return the service by delivering the daily mail to residents using a Canada Post wagon. The child care centre has proven to be so popular that residents at the Kipnes Centre are on a waiting list for suites that overlook the playground.

Age-friendly rural communities

In *Rural Aging*, Dr. Norah Keating, an internationally recognized gerontologist and researcher from the University of Alberta, and her collaborators ask: "Are rural communities good places to grow old?" Their answer: "It depends." Personal resources – health, wealth and social connections – make more of a difference than does the size of the community.

Rural communities also invite and enable participation by older adults. Dr. Keating observes that people who live in rural communities *believe* their communities need them and, therefore, *believe* they can do things they would be unable to do in an urban centre. These beliefs translate into meaningful engagement, solid social connections and higher levels of community participation.

If you're disabled and aging, one of the most important things is to exercise, to maintain and build as much muscle as you can. But I can't do anything without coaching. I can get a couple of sessions [a week] but I need much more than that. But there just aren't enough services available. There's an expectation that you would go into a Y or a rec centre but I don't have the ability to change weights or move from one apparatus to another.
Carrielynn

On the other hand, we need to rethink the idea that all older adults in rural communities belong to broad networks of friends, neighbours and families who can provide support when needed. People with poor health, limited financial resources, or who speak a different language and practice a different faith, might be more isolated in rural areas than they would be in larger centres. The lack of personal resources is a particular problem when the local community cannot provide adequate housing or higher levels of care and support. Greater distance between homes, lack of transportation and weather extremes can also make it difficult for people to come together in rural communities.

If we define age-friendly communities as those in which older adults feel safe, enjoy good health and continue to participate in Alberta society, then rural communities offer much to those who want to stay active and make meaningful contributions. They also offer privacy and natural beauty to those who prefer the peace and solitude of country living. With sufficient resources, older adults can enjoy both the benefits of rural communities and easy access to the services offered by larger centres.

Let's Talk! Age-Friendliness is All About Community

Age-friendly communities value all their members and actively encourage participation in community life. Older adults are treated with respect and invited to share their knowledge, expertise and opinions in making community decisions. Community events and activities bring together people of all ages, with meaningful opportunities for older adults to engage with children, youth and families. At the same time, age-friendly communities recognize that some older adults don't want to or are not able to participate in community life. Their choices are respected and people find other ways to maintain connections.

Living in an age-friendly community does not necessarily mean living in a community with the most services or supports. Age-friendly is more about how people experience their community than whether or not their community meets a predetermined set of characteristics. For example, older people in rural areas may experience their communities as age-friendly because they know where to go for goods and services and are surrounded by friends, family and neighbours who know them well.

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Age-friendly Information

Information is a key aspect of an age-friendly community. Older adults need information about programs and services and help navigating the various systems – health, income support, social services, recreation, transportation and more. The World Health Organization's Global Age-Friendly Cities Guide offers the following guidelines for providing age-friendly information:

- Widespread distribution of useful information.
- Getting the right information to older adults at the right time.
- Ensuring older adults are able to speak with someone (not just a voice recording).
- Formatting and designing resources that take older persons into account.
- Providing computer training, if required, and access to public computers.
- Addressing communication barriers related to poverty, low literacy and language.

One of our biggest challenges is meeting the needs of people who don't speak English. It is not enough simply to translate existing materials; we have to ensure they are appropriate to Alberta's diverse cultural communities. At the same time we must also recognize that print materials, even when they are translated into other languages, will not be effective if recipients are illiterate in their home languages.

In Alberta, we are getting closer to age-friendly delivery of information. Here are some of the ways we are improving access to information for older adults:

Age-Friendly Alberta, an initiative of the Government of Alberta, provides a number of online resources to support the development of age-friendly communities in the province. More information is available online at **http://agefriendly.alberta.ca/health/age-friendly-alberta**

Alberta Supports provides a single point of contact for information about Alberta's social-based assistance programs and services. People can call **1-877-644-9992** toll free in Alberta or visit the Alberta Supports website at **www.albertasupports.ca** for one-stop access to information about financial services, health benefits, fraud prevention and personal safety.

Health Link Alberta is a 24-hour, seven days a week telephone service that provides health advice, health information and health system navigation. Calls are answered by registered nurses and trained information and referral agents.

Toll-free: **1-866-408-5465** (LINK)
Edmonton: **780-408-5465** (LINK)
Calgary: **403-943-5465** (LINK)

MyHealth Alberta is an initiative of the Government of Alberta, in partnership with Alberta Health Services. It provides a reliable online source of health information for all Albertans.
Visit **www.myhealth.alberta.ca**

Senior centre directories provide information about their own programs and services, and about other local and regional programs and services for older adults. Major urban senior centres, specifically the Seniors Association of Greater Edmonton (Sage) and the Kerby Centre in Calgary, publish (online and print) directories that provide a wealth of information for older adults, most of which applies to anyone in Alberta.

- Sage Directory of Seniors Services: Call **780-423-5510** or visit **www.MySage.ca**
- Kerby Seniors Directory: Call **403-265-0661** or visit **www.kerbycentre.com**

Many of us want to age in place – remaining in our home communities even if it means moving to more appropriate housing as our needs change. We all want clean and safe communities with places to go (and ways to get there!), people to see and things to do. But the kinds of places, connections and activities we need will be different for each of us. Likewise, every Alberta community is as unique as its residents, each with distinct objectives, priorities and circumstances. As a result, every community, working with its residents, will take its own path to becoming age-friendly.

Age-friendly is more about how people experience their community than whether or not their community meets a predetermined set of characteristics.

For more information on creating age-friendly communities, visit **www.health.alberta.ca**

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CHAPTER 6:

Where to From Here? A New Future for Aging Well

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Where to From Here? A New Future for Aging Well

In this report, we have invited you to view aging as a journey and to reflect upon the need to value diversity, respect differences and see beauty and harmony in a province where we have the privilege of growing old.

Like any journey, planning and preparation are essential to getting us to where we want to go. The way we live and the choices we make throughout our life will affect the way we grow old. On the other hand, aging is a natural part of life. We cannot stop it, and often we do not have control over those things that can negatively affect our ability to age well. Lifelong hardship, chronic illness, disability, mental health problems, ageism and elder abuse are some of the challenges that can make older age a difficult and lonely time for some people.

What are the principles or values that underlie, or should underlie, our response to Alberta's aging population? The Ottawa Charter for Health Promotion was developed at the first International Conference on Health Promotion in Ottawa in 1986. The charter broke new ground by recognizing that good health is an important resource for social and economic development, and central to individual well-being and quality of life. More than two decades later, the charter still represents a useful framework for considering how we will approach and support aging well, at any age, in Alberta.

A new future for aging well must build on the strong foundation we have already created in our province, to one that embraces the notion: *We are all in this together*. What this implies, is that at any age throughout our lives, and to varying degrees depending on the circumstances, we rely on each other. It is through our interdependence – with our family, our neighbours, our community, our institutions – that we thrive.

Developing personal skills

Although many of us worry about whether or not we will be able to access health care when we need it, the reality is that the health-care system is not what will keep us healthy. The personal skills and resources we bring to later life will have a much greater impact on our ability to age well.

The skills, knowledge and experience we develop along our journey help us prepare for all of life's stages. For example, personal skills related to healthy eating and regular physical activity will help give us greater control over our own health and well-being as we age. Financial planning, budgeting and the ability to earn income are essential skills that will enable us to make choices about how and where we live in our later years. Social skills, like the ability to form friendships and participate in civic decision-making, will keep us active and engaged in our communities.

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HAVE ACCESS TO A REGULAR DOCTOR, STICK WITH ONE DOCTOR WHO KNOWS WHO YOU ARE AND CAN LOOK AFTER YOU. I THINK THAT'S ONE OF THE BIG THINGS.
JOE

The responsibility for developing personal skills is broadly shared by each of us as individuals, families, schools, workplaces and communities. Government and public organizations also support skill development by providing information and education, and by fostering opportunities for life-long learning.

It is never too late to adopt healthy behaviours. The benefits of healthy behaviours accumulate over a lifetime but it's never too late to start eating healthy and getting active, or to stop smoking and over consuming alcohol. Eat five or more servings of fruit and vegetables every day. Limit your intake of nutrient-poor foods. Get the recommended amount of physical activity each week. Quit or never start smoking. Consume alcohol in moderation. Keep immunization schedules up to date, including vaccines that protect against pneumococcal disease and annual influenza. Make your health at all stages of life a priority.

Plan early and plan often. Focus on building the key resources – health, wealth and social connections – that will give you more choice in your later years. Take advantage of the growing number of public, private and non-profit services available to help Albertans plan for older adulthood. And remember, it is never too early to begin to think about, and to plan for, where and how we would like to grow older.

Reorienting health services

We need to focus on where health starts – not just where it ends. While it is important for Albertans to be able to see a doctor and receive timely medical care, it is twice as important to invest in other areas of the health system to ensure we improve and maintain our health, making it less likely that we would need to see a doctor because we are ill. This means changing the way we talk about health.

Health begins in our neighbourhoods where we have safe sidewalks for walking and grocery stores nearby with fresh fruit and vegetables. Health begins in jobs that are free of hazards where we can feel a sense of satisfaction from the work we do. Health begins in our schools where children learn not only to read, write and play, but also how to treat each other with respect and learn about our differences. Health also means having the time and financial resources to spend time with our family and friends.

ALWAYS TRY TO BE HEALTHY, HAVE HEALTHY HABITS, AND DON'T GET STRESSED ABOUT WORLDLY THINGS LIKE A FANCY CAR, BIG HOUSE. I THINK TENSION AND STRESS ARE BAD. TRY TO BE HEALTHY AND DEPEND ON GOD. BE POSITIVE AND TAKE THINGS AS THEY COME. MY ADVICE IS DON'T BE GREEDY AND WORK HARD. DON'T GET TOO DISAPPOINTED.
HAJI SHER

Reorient health and social services to better promote healthy aging through enhanced efforts in health promotion, and disease prevention and control. As we think about health more broadly, the responsibility for prevention and health promotion becomes shared more broadly – among individuals, community groups, health professionals, health service institutions and governments. Together we must work towards a health-care system which contributes to the pursuit of health, which means the role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Simply put, we can continue to worry about all the "folks" already in the system, or we can change our focus to keeping people out of the system through prevention and health promotion.

"A health-care system – even the best health system in the world – will be only one of the ingredients that determine whether your life will be long or short, healthy or sick, full of fulfilment, or empty with despair."

The Honorable Roy Romanow, 2004

CAREGIVERS

We know that the need for health care professionals in Alberta will continue to grow as the population of older adults grows. Physicians, nurses, mental health specialists, therapists and personal care aids, among others, share responsibility for the care of older adults with informal caregivers. These informal caregivers, including family, friends and neighbours, provide the personal and social aspects of care, and contribute more than $5 billion annually in unpaid service to Canadians.

Without the services of informal caregivers, many older adults would lose their autonomy and require institutional care far too soon. Indeed, our current home care and health-care systems would be unsustainable without them. However, smaller families and greater mobility of adult children point to a future with fewer caregivers and greater burnout among those who must shoulder more of the load. The demands of caregiving, especially when the burden falls unequally within a family, can create or magnify discord and tensions that persist even after the caregiving experience ends.

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Caring for Caregivers

Family caregivers have become the backbone of our changing social and health systems, providing between 80 and 90 per cent of the care required in our society. Their efforts save the formal health system billions of dollars every year. For most it's a labour of love; a journey that enriches their relationships with loved ones and changes their perspective on life. And yet, caregivers labour in obscurity, often giving up careers and personal goals, while losing their own health in the process.

The Alberta Caregivers Association (ACGA) was created in 2001 to support, educate and empower family caregivers. It remains the province's only grassroots organization exclusively dedicated to helping caregivers maintain their own well-being, through networking, advocacy, one-on-one supports and its flagship COMPASS workshops. The COMPASS workshops are safe places where caregivers can address the challenges of caregiving for which there are few supports, including dealing with difficult emotions like guilt and resentment, managing stress, and finding time for oneself.

Since 2003, the ACGA has also taken an active role in understanding the needs of family caregivers and the availability of resources and supports. In 2010, the association led a province-wide consultation with caregivers and professional stakeholders to develop a guiding framework for policy-makers, health care administrators and practitioners, care organizations and service providers. Among other things, they heard that family caregivers throughout Alberta are experiencing great distress.

The final report, *Yours, Mine and Ours*, recommends action in eight specific areas:

- Caregiver supports, including peer support, counselling and self-care.
- Education for caregivers, public and providers.
- Respite and home care services that are flexible, affordable and needs-based.
- Employment and financial security, including employment insurance, compassionate leave and compensation for caregiving costs.
- Information and resources, including a caregiver "hotline," advisors and patient navigators.
- Political awareness and the will to take a cross-ministry approach to support caregivers.

- Systems finance and support, including funding for front-line workers, increased services in rural areas, transportation and accommodation, and community support services.
- Community-based supports, including community mobilization and sustainable funding for non-profit agencies that support caregivers.

The enormous contribution that family caregivers make to reducing health and social service costs in Alberta should be reason enough to recognize and support this quiet army of workers. The human costs of social and emotional isolation that many caregivers experience should encourage all of us to ask, "What can I do to help?"

For more information on the Alberta Caregivers Association and its report, *Yours, Mine and Ours*, visit the website at **www.albertacaregivers.org/** or call 1-877-453-5088

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Don't wait to do things. I know people say they'll do a lot of traveling when they retire. But you won't do it. So if there are things you want to do, do them now. You really can't do a lot of that traveling when you're older.
Norm

If you are a caregiver, remember to take care of yourself and recognize when you need to take a break. Find out where you can get help, take steps to manage stress. Remember to take time out for you!

Re-orienting health services means, in part, providing real supports to the families and other informal caregivers of older adults. We can't do it without them, and they can't do it alone.

Right service, right place. Our challenge as a province is to provide a range of living options and care settings that will best meet our health needs as we age. Good home care and community care services will allow many of us to remain in our own homes, even with chronic conditions or limited mobility. An adequate supply of supportive living units and long-term care facilities can meet the need for higher levels of care, without adding further pressure to the acute care side of the health system. Alberta's continuing care strategy, *Aging in the Right Place*, proposes to invest in community supports and build infrastructure to meet the vision of aging in place. While we are on the right track, there is still much work to be done.

Team-based, client-focused, community health. Primary care is the first point of contact for Albertans with the health system, where the focus is to promote health and prevent illness. Primary care settings involve a variety of health professionals that can include family physicians, nurses, pharmacists, mental health therapists, rehabilitation therapists, optometrists, home care providers, social workers and others.

While we are on the right track, there is still much work to be done.

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I need to know that services will be available to me, to extend the stay in my house, so I can live here as long as I possibly can. Down the road I may need homecare services, whether personal, house cleaning, gardening. I need to able to know that there is one number I can phone where I can get these services.
Marlene

Alberta has worked hard to create a variety of models for primary care delivery that reflect the needs of individual communities and the needs of Albertans who live there. The contribution of primary care networks and family care clinics within the province is continuing to evolve, with practical approaches being explored that build on the positive attributes of what already exists.

Primary care settings offer opportunities to support Alberta's older adults. This could include incentives for primary care physicians and nurses to counsel those at risk for isolation, reduced physical activity, falls, compromised nutrition, and tobacco use and exposure. Primary care settings could offer smoking cessation or fitness programs and nutrition assessment. Increasing the role of public health workers and staff in assisted living facilities to enable healthy aging among older adults with disabilities and chronic diseases is another opportunity.

In addition to primary care settings, there is also a need to adequately support community-based, prevention-focused, social service organizations such as seniors' centres and wellness centres to continue their work in the community where the vast majority of older adults reside.

Technology can benefit everyone. When asked, older adults want to remain in their homes as long as they can; however, they also want to maintain their autonomy as much as possible and not be reliant on caregivers. On the other hand, caregivers (family, friends or neighbours) are concerned about their aging loved ones falling, making medication errors, leaving appliances on, and a variety of other potentially dangerous situations.

Assistive technologies present viable options that will support older adults in their desire to remain in their homes, and at the same time, bring some reassurance to their loved ones and caregivers that they are safe.

These new technologies assist with a variety of health and personal care activities. Medication management technology, for example, can include email alerts from smart pill boxes to public health nurses, as well as telephone medication reminders to the client. Mobility technology will assist caregivers, such as a spouse, to assist their loved one up the stairs or in and out of the bath. Such in-house support not only benefits the one receiving the care, but also reduces the danger of injury for the caregiver.

The introduction of these technologies will be of tremendous benefit to the health-care system by reducing strains on the workforce; reducing serious health incidents through prevention and assistance; lowering costs by reducing visits to emergency departments; increasing health system capacity by safely supporting seniors at home; reducing demand on continuing care; and, reducing long-term stays in acute care.

Strengthening community action

The strongest communities are those that take control and ownership of their own futures. Communities that see their older citizens as a resource and actively engage them in setting priorities, developing policies, implementing strategies and evaluating their efforts, will provide the best places to age well. Community action draws on the skills and knowledge of its people and on the material resources already in the community, to encourage self-help, social support and public participation. While government can foster these efforts by providing information, learning opportunities and funding, ultimate responsibility lies with communities and their members.

Coordinate services and supports for older adults, their families and caregivers. Older adults and their families are served by a wide range of innovative and private programs and services that support home and community living.

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Together we're better

As their numbers continue to grow, older adults in Alberta are coming together to support each other, share information and give a common voice to issues that affect them. Grassroots organizations have been formed at the community, regional and provincial level to advocate for political action, identify needs or simply provide services through "seniors helping seniors."

The same thing is happening at the agency level. For example, in Edmonton, the Edmonton Seniors Co-ordinating Council was formed in 2004 to enhance the capacity of senior-serving organizations to meet the social and recreation needs of older adults. Creation of a co-ordinating council was the major recommendation of the Task Force on Community Services for Seniors, which undertook a 10-month consultation in 2003 supported by the City of Edmonton.

In Calgary, the movement to co-ordinate services for older adults has taken a different path. Senior serving agencies have come together in a grassroots movement – the *Older Adult Service Providers of Calgary* – to explore areas of common interest. The City of Calgary seniors division helped initiate the movement and provides staff support when needed. Central co-ordination has been considered as an option, but is not currently the focus.

In 2011, senior centres in communities across Alberta came together to form the Alberta Association of Seniors Centres. Its mandate is to improve and expand what senior centres do, learn from and support each other, and assist others, including various orders of government, to understand the critical role seniors centres play in supporting seniors in the community.

For more information, visit:

Edmonton Seniors Coordinating Council at **www.seniorscouncil.net**

Alberta Association of Seniors Centres at **www.albertaseniorscentres.net**

These programs and services, however, are offered through a wide range of providers, spanning municipal and provincial governments, community organizations, senior serving agencies, and both public and private systems. Despite a shared interest, most of these programs and services work independently of each other.

The new provincial Human Services ministry aims to offer a more strategic, effective and co-ordinated approach for programs and services directed to older adults, their families and caregivers, including stronger working relationships between providers such as the government, Alberta Health Services and community organizations. There is also a need to develop a common language and clear definitions of "home care," "continuing care," "supportive living" and other services for older adults. The Alberta government continues to work towards a more streamlined system.

Help older adults and caregivers navigate health and social support systems. Navigation services – like Alberta Supports and Health Link Alberta – support Albertans to access the many programs and services available to them. However, many Albertans mention, "When I needed it (help), I didn't know where to look." Another common comment, "You don't always think about these programs or supports until you need

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You have to tell young people that they will eventually grow old. In one way or another, they have to ask themselves, "What do I want to do when I grow old?", and "How will I support myself?" The most difficult thing is to tell them they have to start saving money now. We have always saved ten per cent of my wages, and that was from my first paycheque. If you could get the message to young people that eventually you're going to get old, I think that is the biggest favour we could do them.
John

them." These concerns are often magnified when an individual has no champion like a family member or a friend to help them make sense of all the supports that are available to them. A provincial, system-wide mechanism that will support Albertans to navigate through the many programs, services and options available to them is required. A "one client", case management approach that offers a way in, and a way through the system.

Recognize the diversity and different needs of older adults in our communities. There are many things, as individuals or communities at large, that we can do to support the diversity of older adults in our province. Understand the unique experience of older adults in immigrant and refugee communities. Realize that many older adults don't have adult children or other family supports.

Recognize that people with physical and cognitive disabilities are living longer than ever before. Develop programs and public events that are accessible and offer something for everyone – singles, families and older adults. Encourage ethnic communities to preserve and share their heritage with all of us. Provide information in different forms, languages and channels to meet different needs and preferences. Support English as a Second Language classes for older adults.

Address ageism through education and community conversation. Listen to and learn from older family members, friends and neighbours. Foster greater interaction among people of all ages in your community. Create intergenerational programs in schools and communities to link people of all ages. Put child care centres in residences for older adults and students in seniors' lodges and long-term care centres. Create opportunities to learn from each other.

Strengthen intergenerational ties through "conversations" between generations, and policies and programs that support grandparenting and intergenerational activities in the broader community. This will require partnerships among sectors that promote well-being throughout the life course.

Create intergenerational programs in schools and communities to link people of all ages.

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I'd have to say, make your world bigger while you can. Do something you never thought you could. And that's from listening to other people. Man, their world is small.
Norm

Creating supportive environments

Supportive environments are those in which we recognize our responsibility to take care of each other, our communities and our natural environment. Age-friendly communities are a particular example of supportive environments that offer the conditions, supports and services that enable older adults to flourish. To create a new future for aging well, we need to focus our efforts on creating age-friendly communities where all of us can live safe, satisfying and enjoyable lives.

Enable older adults to remain in their own homes as long as possible. Encourage businesses, community organizations and governments to look for innovative and affordable ways to provide appropriate and targeted supports, including income, home maintenance, transportation, security and home care.

Develop a continuum of housing options in Alberta communities that respects our needs for autonomy, privacy, community participation and support as we grow older. Use incentives, building standards, development requirements and public demand to encourage home builders and developers to create houses and neighbourhoods that are adaptable, accessible and age-friendly. Encourage the development of co-housing and other innovations that provide choice and greater opportunity for intergenerational learning and living.

Create safe, clean and beautiful communities for everyone. Set and enforce municipal bylaws that contribute to clean, accessible and safe communities, including snow and ice removal, littering laws and building standards. Design neighbourhoods that offer a mix of shopping and services for singles, families and older adults. Remove restrictive covenants and other barriers that create "food deserts" in neighbourhoods, forcing people to drive to buy groceries and other necessities. Enhance the walkability of neighbourhoods by adding trails, benches and places to go.

Increase transportation options for older adults. Engage older adults in identifying their transportation needs and identify viable alternatives. Consider what your community can do to provide transportation options for people who can no longer drive. Develop a provincial strategy for assisted driving services that are affordable and accessible.

Recognize that serving older adults is just good business. The growing population of older adults presents many opportunities to businesses. Home delivery services, driving and accompaniment services, meal preparation and cooking classes, small quantity packaging, accessible stores and new products that enhance aging are just some of the many opportunities available to businesses that want to serve this population.

Develop a core of ambassadors for healthy aging. There are many older adults across Canada who are actively engaged in healthy aging initiatives and are seen as leaders in their communities. Recognizing, formalizing and supporting a team of such ambassadors at the provincial level could be an effective way to increase awareness and support for healthy aging in our province.

Building healthy public policy

Many of the changes needed to improve health can be brought about with healthy public policies. Healthy public policies for aging are those that put the health and well-being of older adults on the agenda for policymakers in all orders of government. The goal is to create policies that cut across health, income and social supports to promote greater equity in society.

Given the growing population of older adults in Alberta, we are currently facing a number of important policy questions. These questions include, "Who should receive support – everyone or those most in need?" and, "Is it government's responsibility to provide services or to assist those who need them with the means of accessing them?" These are not simple questions.

The Government of Alberta's *Aging Population Policy Framework* addresses these questions, in part, by setting principles for decision-making that emphasize fairness and equity, while also considering effectiveness and affordability. The framework recognizes government's responsibility to assist Albertans most in need, while at the same time supporting families and individuals who are able to meet their own needs in a way that encourages autonomy and respect for individual choices.

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On this foundation, the Government of Alberta has established eight outcomes that our province will pursue in preparing to meet the needs of an aging population. These outcomes envision a future where older Albertans will have:

- adequate financial resources;
- appropriate housing;
- a range of continuing care services;
- support in maintaining optimum health;
- transportation;
- independence and lives free from abuse;
- opportunities for community engagement as full participants; and
- easy access to government programs, services and supports.

For more information on the Government of Alberta's *Aging Population Policy* Framework, visit **www.health.alberta.ca**

Sustain success. Develop longer-term solutions to sustain and expand successful pilots and demonstration projects that respond to the opportunities and challenges of an aging population.

Document and share promising practices. There have been numerous but scattered efforts to document and share interventions, case-studies, projects, policies and programs in healthy aging. Currently, there is no Alberta (or Canadian) library or portal for documenting and sharing promising or best practices. The creation of such a clearinghouse could be an inexpensive and worthwhile initiative.

Currently, there is no Alberta (or Canadian) library or portal for documenting and sharing promising or best practices.

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Roles and Responsibilities

Aging is a lifelong process. We don't suddenly wake up one day and say, "I have started to age" (although, it can feel like that some days). Rather, from early childhood until the end of life, we live in environments and make choices that will help, or hinder, our ability to age well.

In our different roles, as an aging individual ourself, child of aging parents, caregiver, community member, business owner, professional or volunteer in a senior-serving agency, we need to ask: "What is my responsibility to age well and what can I do to help others?" We encourage you to consider each of the roles you currently play and to think about what you are doing now, and what you could be doing, to promote aging well in Alberta.

Use the scorecard on the next page to think about some of the things you're already doing and what more you could do to support aging well in Alberta. (Note: These are just a few examples. We hope, that by reading this report, you can think of many more.)

The Journey Continues!

We hope that you have come to see Alberta's aging population, not as a problem to be solved but as an opportunity to embrace. The face of our province is changing. In the coming years, we will be challenged to meet the needs of this growing population. At the same time, we will have an abundance of life experience and practical wisdom that can enhance and build our province – if we let it.

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Scorecard

Roles & Responsibilities	Not doing enough	Getting better	Doing it!	Not applicable
Individual / Family				
Make healthy lifestyle choices at all stages of life				
Plan for financial needs in later life				
Build social connections with family, friends and community				
Friend / Neighbour				
Help an older neighbour shovel snow or cut the grass				
Stay in touch and let people know they are important to me				
Visit friends and neighbours who are homebound or in care facilities				
Community Volunteer				
Help to create a supportive and age-friendly community				
Give back to my community in ways that are personally enriching				
Listen and learn from older adults in my community				
Health Care Provider				
Continue to learn about the health needs of older adults				
Respect the privacy and dignity of older adult patients				
Watch for early signs of dementia, depression and chronic disease in my older patients				
Community Service Provider				
Address the root causes of poor health				
Work with older adults to understand their service needs				
Develop innovative, affordable and sustainable services to meet the needs of older adults				
Employee				
Follow safety procedures to prevent injury				
Listen to and learn from older adults in the workplace				
Mentor younger adults in the workplace				
Employer / Business Owner				
Develop policies and procedures to promote health and prevent illness and injury				
Help employees plan and save for retirement				
Provide flexible options for employees who want to continue working in later life				
Elected official (municipal, provincial, federal)				
Recognize the challenges of an aging population				
Recognize the opportunities of an aging population				
Develop policies, programs and services that respond to both				

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